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Self-efficacy, depression and self-care activities of people with type 2 diabetes in Turkey

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KEYWORDS

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Self-efficacy

Summary

Background: Self-efficacy related to self-care behaviors in people with type 2 diabetes has been well reported. However no work has been reported in Turkey that uses reliable instruments to examine the relationships among self-care activities, depression and self-efficacy.

Aim: This study aims to investigate self-care activities, depression and self-efficacy among people with type 2 diabetes in Turkey.

Methods: The sample included 200 patients with type 2 diabetes from an endocrinology outpatient clinic at a university hospital. Self-care activities, self-efficacy, and symptoms of depression were measured using established instruments: The Summary for Diabetes Self-Care Activities, the Self-Efficacy Scale, and the Beck Depression Inventory. Descriptive and correlational statistics were used in data analysis.

Findings: One in three (37.5%) of participants had depression symptoms. Beck Depression Inventory scores were higher in women and in those with a lower education level, had diabetic complications and difficulty in meeting health care costs. The mean self-efficacy score was 66.5 ± 14.0 ; those who lived alone, were unemployed and knew their HbA1c level had significantly higher scores ($p < .05$). Demographic and diabetes characteristics including age, education, social support, diabetes complications, HbA1c level, and having diabetes education were found to be significantly associated with all self-care activities except smoking.

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Conclusion: The association between self-efficacy and self-care activities was positive. Interventions to improve patients' self-efficacy and self-care are needed in order to maximize diabetes self-management.

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1. Introduction

Diabetes mellitus is a global health problem with the number of patients rapidly increasing. The worldwide prevalence of diabetes for the 20–79 year age group was estimated to be 6.4% in 2010 and is estimated to increase to 7.7% by 2030. The total number of people with diabetes is projected to rise from 285 million in 2010 to 439 million in 2030; there will be a 69% increase in the number of adults with diabetes in developing countries and a 20% increase in developed countries (Shaw, Sicree, & Zimmet, 2010). Approximately 5–10% of patients with diabetes have type 1 and 90–95% have type 2 (American Diabetes Association, 2010). According to a recent report from the Turkish Diabetes Epidemiology Study-2 (TURDEP-2), that included 26,499 adult people (≥ 20 years), the prevalence of diabetes was 16.5% which translates into about 6.5 million adults in Turkey who have the disease (Satman et al., 2013).

People with diabetes face important complications of the disease. In order to prevent development of these potential complications, they need to learn and maintain lifelong self-management behaviors, including self-care activities related to health care and daily life (Frei, Svarin, Steurer-Stey, & Puhan, 2009; Sarkar, Fisher, & Schillinger, 2006; Sigurdardottir, 2005). "Self-care" is one of the important concepts in obtaining successful self-management (Sigurdardottir, 2005). Another concept is "self-efficacy", which is defined as "people's beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives" (Bandura, 1994, p. 71). Several studies have suggested that self-care activities and self-efficacy in people with diabetes are influenced by individual factors including ethnic-cultural features, health literacy, previous experiences, work situation, diabetes-related knowledge, social support, physical skills, emotional factors and presence of depression (Bean, Cundy, & Petrie, 2007; Chlebowy & Garvin, 2006; Ciechanowski, Katon, & Russo, 2000; Sarkar et al., 2006; Sigurdardottir, 2005; Weijman et al., 2005). In their 2011 guidelines, the American Diabetes Association emphasized that positive diabetes outcomes are associated with emotional well-being. Additionally, screening is recommended for psychosocial problems such as depression if patients' self-management of their diabetes is poor (American Diabetes Association, 2011).

Performing self-management behaviors related to health and daily life take an important role in care and in the prevention of complications associated with diabetes (Frei et al., 2009; Sarkar et al., 2006). The American Association of Diabetes Educators (2008) has identified seven essential self-care behaviors in people with diabetes that predict good outcomes. These are healthy eating, being active, monitoring of blood sugar, adherence to medications, risk-reduction, healthy coping and problem-solving skills (AADE,

2008). Other studies have recommended a focus on self-care and self-efficacy to maintain effective self-management (Al-Khawaldeh, Al-Hassan, & Froelicher, 2012; Krichbaum, Aarestad, & Buethe, 2003; Wu et al., 2007).

Self-management and self-care concepts can be used interchangeably in the literature. Self-care activities in diabetes are similar to self-management behaviors; however, self-care involves the patients meeting their own needs without help from other people (Song & Lipman, 2008). Self-care is particularly substantial in diabetes management because vital care activities are made by the individual to ensure better metabolic control and quality of life (Sigurdardottir, 2005).

Self-care and self-management in diabetes are complex and influenced by a number of factors. One of these factors is Bandura's (1989) major concept of self-efficacy which is part of his social cognitive theory. This concept is accepted as a clinical pathway to improve individuals' self-management behaviors for chronic disease (Frei et al., 2009; Sarkar et al., 2006). According to Bandura (1989) "self-efficacy beliefs function as an important set of proximal determinants of human motivation, affect, and action" (Bandura, 1989, p. 1175). Self-efficacy is associated with an individual's motivation and beliefs about their capabilities and it is the most important precondition for behavior change. Many factors affect patients' self-efficacy for their diabetes management, more specifically depression which is common among patients with chronic diseases (Lin et al., 2004; Pouwer, 2009). Self-efficacy and self-care levels can be changed and depend on the presence of depression which influences people's self-esteem, decision making, and choice of activities related to diabetes care (Bandura, 1977). Ciechanowski et al. (2000) reported that severity of depressive symptoms was associated with poorer diet and medication adherence, functional impairment, and higher health care costs in primary care diabetic patients. Lin et al. (2004) determined that major depression in people with diabetes occurred due to a lack of self-care activities. Sarkar et al. (2006) found that diabetes self-efficacy was associated with self-management domains, including physical activity, self-monitoring of blood sugar, diet, and foot care, but not medication adherence. They also found that race/ethnicity and health literacy levels influenced self-efficacy and self-management scores.

Studies have also emphasized the importance of diabetes education as a component of diabetes care as means to strengthening self-care and self-efficacy (Sigurdardottir, Benediktsson, & Jonsdottir, 2009). An integrated and patient-centered diabetes education program provides a positive effect on improving diabetes self-care behaviors, metabolic control, and psychological outcomes (Ellis et al., 2004; Norris, Engelgau, & Narayan, 2001). Diabetes educators and nurses should understand the factors related to self-efficacy and self-care behavior in people with diabetes

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