

Theory of Planned Behavior: Social Support and Diabetes Self-Management

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ABSTRACT

Diabetes prevalence is increasing in the United States and is strongly associated with obesity and devastating comorbidities. To achieve good health outcomes and quality of life, it is crucial for older adults with diabetes and obesity to have adequate social support to sustain diabetes self-management practices. The theory of planned behavior provides a theoretically guided framework for nurse practitioners to develop tailored strategies that include psychosocial support for diabetes self-management. Nurse practitioners should use theory-guided practice models that include family, friends, providers, and community support in order to improve and sustain diabetes self-management behaviors.

Keywords: diabetes, nurse practitioners, obesity, theory of planned behavior

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Despite great strides in eliminating health disparities, diabetes continues to be the leading epidemic of the 21st century and affects 29 million (9.3%) people in the United States (US).¹ The majority of those affected by diabetes are over age 65. The high prevalence of diabetes contributes \$245 billion annually to national health care expenditures.¹ It is projected that by 2030 individuals 65 years and older will comprise more than 20% of the US population,² and the prevalence of diabetes will increase to 19.6% compared with 12.4% in 2000 among these individuals.³ With these changes, the prevalence of diabetes will increase more in older adults (65 years and older) than in those younger than age 65. Similarly, the prevalence of obesity measured by body mass index ($\text{BMI} \geq 30 \text{ kg/m}^2$) has increased progressively over the last 15 years.⁴ Current estimates are that more than 35% of those aged 60 years and older are obese. These estimates are expected to increase to 55% by 2050.⁴

Obesity is a chronic disease that contributes to emotional, social, and physical health consequences as well as an overall decrease in quality of life (QOL).⁵ Type 2 diabetes is more prevalent among obese compared with normal weight adults. Furthermore, obesity is a major barrier to good diabetes health,⁶

particularly in older adults. During the aging process, the interplay between diabetes and obesity may lead to a redistribution of body fat, most notably an accumulation of abdominal fat, which contributes to a decline in insulin sensitivity and potentially leads to excessive food intake, thereby creating a vicious cycle.⁷ Because of the strong association between diabetes and several well-established risk factors for morbidity and mortality, reversing the diabetes epidemic is an urgent priority. Diabetes self-management (DSM) practices improve blood glucose control and lead to overall healthier and better QOL.⁸ Furthermore, people living with diabetes have better blood glucose control when they have good social support.⁹

Frequently, clinicians rely on medical management and the patient's cognitive and physical abilities to manage diabetes control. In these instances, good diabetes health may not be sustained because psychosocial factors impede optimal DSM practices (eg, healthy eating, blood glucose monitoring, exercise, and medication compliance). For example, studies have reported that people who had frequent peer interaction with other individuals living with diabetes showed lower hemoglobin A1c (a measure of glycemic control) compared with those who

lacked social support.¹⁰ Additionally, people who engage in DSM education programs that incorporate behavioral and psychosocial strategies (eg, social support) have better diabetes outcomes.¹¹ Therefore, it is crucial that DSM programs include social support to overcome barriers for self-care in older adults with diabetes and obesity.

The purpose of this article is to use theory-guided practice to highlight the importance of social support for DSM in older adults with diabetes and obesity. Emphasis will be given to practical tips needed by nurse practitioners (NPs) to use theory-guided practice for providing high-quality care to older adults with diabetes and obesity. Theory-guided NP strategies that promote DSM behaviors are a viable solution for poor diabetes health, particularly in older adults with diabetes and obesity. It is critical that NPs purposefully and strategically educate obese older adults with the competencies needed to manage their diabetes health.

THEORY OF PLANNED BEHAVIOR AS A FRAMEWORK TO ENHANCE DSM

While delivering high-quality care, NPs must facilitate progression toward optimal health through patient engagement in healthy self-care practices. In order to increase the impact of behavioral modification programs on self-care practices, NPs can use behavioral change theories. One is the theory of planned behavior (TPB), which addresses intention behavioral modification. Originally designed as a framework for understanding, predicting, and changing human behavior, the TPB explains the relationship between a person's beliefs and actions.¹² Moreover, it is an intrapersonal theory that examines what a person thinks about his or her ability to accomplish a particular goal or behavior, such as DSM. The three main components of this model include attitude, subjective (social) norms, and perceived behavior control.¹² The TPB relies on self-inspection, which involves the person's ability to analyze his or her attitudes, beliefs, and perceptions about the behavior; the importance that significant others assign to the person achieving the behavior; and how much effort will be involved to perform the behavior. The person's attitude, significant others' perceptions, and perceived behavior control are the 3 foundational components of the TPB

that impact a person's intentions toward behavior change, which ultimately influences the main goal (sustained DSM).¹² This theory has been successfully used with other health behavior changes, such as changing peoples' oral hygiene habits,¹³ determining and/or predicting the maintenance of exercise in older adults with sarcopenia,¹⁴ and educating teens to improve dietary and physical activity-related behaviors with the goal of improving the preventive behaviors mitigating against hypertension.¹⁵ These published successes provide NPs with evidenced-based knowledge of the usefulness of this theory for clinical practice.

Because health care providers can have an essential role in assisting older adults with managing their self-care, it is vital that NPs are aware of the components of the TPB to help this population accomplish and sustain good DSM (Figure). Diabetes and obesity are complex conditions that require people to use multiple strategies for controlling and reducing complications. The likelihood of an older person being able to successfully manage these diseases will depend on the person's self-efficacy perception, which encompasses self-motivation and self-confidence in his or her abilities to self-manage his or her chronic health conditions.¹⁶ NPs can use the TPB to evaluate older, obese patients' attitudes, beliefs, and perceptions toward DSM.¹² In other words, the TPB may help NPs to assess the older, obese adult's probability to succeed in DSM efforts. This assessment includes evaluating patients' attitudes toward managing their diabetes, their beliefs about the importance of controlling their disease, the support from significant others (family members, friends, or health care providers) available to them, and their perceptions related to how much effort it will take to accomplish the desired outcome.¹² NPs are advanced practice nurses who are trained to educate and empower people to engage in sustained self-management behaviors. Using the TPB framework as a guide to care for a population with age-related challenges may increase NP awareness of all of the essential components that need to be addressed to facilitate patient compliance with NP recommendations and reduce chronic care burden.

The literature reports on several behavioral change theories that provide a framework to evoke

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