

5-2018

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#### Recommended Citation

Gerstenfeld, Avidor (2018) "The Effect of Social Support on Self-Care for Patients with Diabetes," *Mako: NSU Undergraduate Student Journal*: Vol. 2020 , Article 3.

Available at: <https://nsuworks.nova.edu/mako/vol2020/iss1/3>

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The Effect of Social Support on Self-Care for Patients with Diabetes

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Diabetes is a chronic illness involving issues in blood sugar level management which affects millions of Americans. According to the Centers for Disease Control (CDC) (2011), about one in three Americans either has, or is at risk of diabetes. There are different types of diabetes and complications resulting from the condition include heart disease, stroke, blindness, kidney disease, amputations, dental disease, as well as other conditions. Luckily, technology is available to prevent many of these complications by controlling their blood glucose level and blood pressure (Centers for Disease Control, 2011). However, many individuals with diabetes seem to struggle with managing their condition. In 2010 alone, emergency room visits for adults with diabetes was over 12.1 million (Washington, Andrews, Mutter, 2010). This discrepancy between availability of health care resources yet high emergency room visits, may signify that more than just medicine is needed to improve health. Glawsow and Eakin stated that “to produce lasting behavior change, the patient’s social environment must be taken into account, and plans made for ongoing support of self-management behaviors” (1998, p. 438). Social support from family and health care professionals may have a positive effect on illness and self-managing behavior which is required for proper diabetes management.

Illness behavior is defined by how individuals interpret and respond to health ailments (Cockerham, 2016, p. 163). Even once a condition is recognized or diagnosed, patients interpreted and respond to their conditions differently. Parsons concept of sick role expects ill individuals to try to get well and seek help to improve their conditions (p. 193). With the large amount of emergency room visits and hospital admissions (Washington et al., 2010), illness behavior of patients with diabetes does not seem to fill this role. Moreover, 20% of diabetic patients with complications are readmitted to hospitals within 30 days of their initial visit

(Elixhauser & Steiner, 2013). Lack of improved health conditions for many diabetic patients is troubling.

Self-care and self-management of chronic diseases include weight management in addition to conforming to a proper medication regiment. This is particularly crucial for diabetic patients. A missed medication or using the wrong dose could result in a diabetic emergency and other long term complications (Centers for Disease Control, 2011; Wiebe, Helgeson, & Berg, 2016). Properly managing diabetes and health behaviors can be difficult to maintain (Stephens, Franks, Rook, Hemphill, & Salem, 2013). This is not only because of its complexity and constant need for monitoring, but also because social stigmas sometimes are obstacles for diabetic patients (Gallant, 2003). Social support has been shown to influence self-management in patients with diabetes (Gunn, Seers, Posner, & Coates, 2012).

Such support can come from family, peers, and spouses in the form of day to day encouragement and emotional support (Wiebe et al., 2016). A study done in the United Kingdom found that families participate in the care of diabetic patients in multiple ways including influencing self-care (Wiebe et al., 2016). The study found that family members encourage diabetics to improve daily routines such as eating better, exercising, and taking medications. Furthermore, a study investigating the effects of spouses' involvement in the diabetic's diet found that social support, but not pressure, increased patient adherence to dietary recommendations (Stephens et al., 2013). Moreover, in European focused groups of individuals with type 2 diabetes, it was also found that practical support from friends and family was perceived as helpful in regards to diet and exercise (Ofstedal, 2014). Interestingly however, the participants of the study reported that they did not receive such support and contributed the it to reduced effort in managing their own care.

Additionally, social support can also come from health care providers (Wiebe et al., 2016). Greater involvement of the health care system in patient education could improve patient adherence to physician directives and self-care. Interviews of 65 individuals with low socioeconomic status (SES) conducted by Dr. Tsai at the Yale University of Medicine found that hospital recommendations were received poorly and he identified multiple themes. First, the hospital experience often leads to a feeling of powerlessness (Tsai, 2015). This decreased sense of control seems to lead to passivity (Cockerham, 2016, p. 177) which may be particularly detrimental to diabetic patient who require a great deal of self-care. Second, Dr. Tsai (2015) writes that patients reported a sense of abandonment, specifically from social supports. Furthermore, a misalignment of goals between patients and health care providers was found (Tsai, 2015; Kangovi, Barg, Carter, Levy, Sellman, Long, & Grande, 2014). With a social environment like this it is no longer surprising that many low SES individuals experience low self-efficacy which is hypothesized to be at the root of poor post-hospital outcomes (Tsai, 2015; Kangovi et al., 2014).

A “sense of personal control and effective communication are the strongest influences of compliance” (Cockerham, 2016, p. 232). Health care providers might be able to increase adherence to medical recommendations by increasing social support to capitalize on these factors. Hospital personal can take measures to impart a sense of active involvement in their patients when making medical decisions. Kangovi et al. (2014) suggest collaborative goal-setting, which they describe as joint post-discharge goal setting, might foster more productive illness behavior. Furthermore, patients unfortunately do not always understand instructions from medical providers (Kangovi et al., 2014). Inpatient educational programs have been associated with 34% reeducation in hospital readmission rates for diabetic patients (Healy, Black, Harris,

Lorenz, & Dungan, 2013). This may be due to increased perception of control patients are imparted with after the educational program. This may lead to greater proactivity and better self-care.

It may be especially important to stress these improvements in the hospital setting due to the nature of the social environment. Hospitals are often confusing and impersonalized for patients (Kangovi et al., 2014; Cockerham, 2016, p. 349). Furthermore, Kangovi et al. (2014) explains that some patients do not engage in full dialogues with their physicians because they believe that their physicians are too busy. Additional distance may be present between physicians and patient in the rushed hospital setting because of difference in educational, professional, and authoritative status (Cockerham, 2016, p. 222). Kangovi et al. (2014) stresses that discharge instructions should by no means take the place of verbal instructions. This is because patients may not be able to understand the instructions due to literacy issues. Also, it may offer an opportunity to greater patient-physician interaction promoting understanding and a better sense of social support.

Diabetes is a chronic condition that requires great effort and motivation put forth by the patient to be properly managed and prevent further illness (Miller & DiMatteo, 2013). The impact of social support from family and healthcare professionals cannot be understated and is crucial to encourage proper self-care behavior. In addition to recognizing social factors involved in daily and hospital interactions, programs that promote medical education and proper communication seem to have the potential to promote self-efficacy (Kangovi et al., 2014). This in turn, with healthy family support, seems to dramatically improve illness behavior and diabetic quality of life (Wiebe et al., 2016). A secondary benefit to better health for millions of individuals is potential savings in health care services due to the more efficient and effective

management of diabetes (Healy et al., 2013). The potential for reduced cost and improved quality of life for millions of people begs further attention to social environments.

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