

REVIEW

Application Analysis of Diabetes Health Education in Endocrinology Nursing

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ABSTRACT

Objectives: To explore the clinical value of applying diabetes health education to endocrinology care. **Methods:** A total of 122 patients with diabetes admitted to our department from October 2016 to October 2017 were selected. After consulting patients, they were randomly divided into two groups, with 61 cases in each group. The control group performs routine care, and the experimental group provides patients with diabetes-specific health education. After three months, the compliance of the two groups of patients was compared. The ADL scores of the two groups of patients before and after treatment were compared. **Results:** Experimental group had significantly higher compliance rate than control group in all aspects. The difference was statistically significant ($P < 0.05$). The ADL scores of both groups were significantly improved. The effects before and after the care were compared. The difference was statistically significant ($P < 0.05$). The score of experimental group increased more significantly than that of the control group. The difference was statistically significant ($P < 0.05$). **Conclusions:** In the endocrinology care, the implementation of diabetes special health education for patients can improve patient compliance and improve patients' daily living ability, which is an ideal nursing measure. It is worth promoting.

1. Introduction

Clinically, diabetes is a chronic metabolic disease with high morbidity. The causes are mainly genetic factors, mental factors and personal physique^[1]. Because the blood sugar level of diabetic patients is in a high state for a long time, serious damage has occurred in many systems of the body. If the blood sugar control effect is not satisfactory, it will cause many complications, such as diabetic nephropathy and diabetic eye disease. In this regard, the intensity of clinical care for diabetic patients needs to be strengthened. This article aims to explore the

clinical application value of diabetes health education^[2].

2. Materials and Methods

2.1 General Information

122 patients with diabetes admitted to the secretary department of our hospital from October 2016 to October 2017 were selected. With the consent of the patient, the grouping was randomly determined by drawing lots. There were 61 cases in the control group, including 33 males and 28 females, aged 47 to 72 years, with an average age of (61.23 ± 3.75) years. The course of the disease was 4

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months to 12 years, with an average (5.64±1.31) years. There were 61 cases in the experimental group, including 34 males and 27 females, aged 46 to 73 years, with an average age of (61.32±3.67) years. The course of the disease was 6 months to 11 years, with an average (5.59±1.27) years. The patient has no other major basic diseases, no mental system diseases, can successfully understand the nursing guidance, and has no severe disability or dysfunction. Research conforms to medical ethics. The informed consent of the patient shall be signed by the patient himself.

2.2 Research Method

The control group is given regular care. (1) Dietary guidance: Help patients make a scientific diet plan, avoid eating stimulating or high-sugar food, tell patients not to eat coffee and other meals that may affect sleep; (2) Medication nursing: Inform the patient of the specific method and dose of the relevant drugs, and supervise the patient to take the medicine on time; (3) Blood glucose monitoring: To guide patients and their families in the correct method of blood glucose measurement, measure the blood glucose level of patients on a regular basis, master the patient's blood glucose control, and report to the doctor to adjust the treatment plan accordingly.

On the basis of control group, diabetes health education was conducted for patients in experimental group. (1) Education of disease-related knowledge: Through brochures, video, lectures and other means, the pathogenesis and inducing causes of diabetes were explained to the patients and their families, and the influence of related bad daily habits was informed. Diabetes is not curable, but it can be effectively controlled. Medical staff should help patients establish a sense of health, so that patients can actively cooperate with treatment and nursing, pay attention to regulate their own behavior, and strengthen self-care consciousness^[3]. (2) Drug related knowledge: Medical staff shall explain the efficacy, property, indications, contraindications, precautions for medication, and possible adverse reactions of the relevant hypoglycemic drugs to the patients, and make sure that the patients and their families have an accurate understanding and master them. Patients should take medicine on time and in accordance with the amount and in a scientific way to prevent the occurrence of missed or repeated medication. (3) Life behavior and habit intervention: Medical staff help patients establish awareness of healthy behaviors. Behaviors that are not conducive to disease control, such as diet, activity and rest, are told to patients to make them aware of the harm of bad behaviors. In combination with the patient's own behavioral patterns, targeted improvement programs were

developed. (4) Continuing health education: After the patient leaves the hospital, the doctor regularly conducts telephone and door-to-door follow-up to understand the reasons that affect the patient's blood sugar control effect and help correct it. WeChat, weibo and other platforms are used to push relevant knowledge and other contents to patients through the establishment of public accounts to help them solve their doubts^[4].

2.3 Observation Standard

The compliance of patients was evaluated from aspects of diet control, living behavior norms and medication. All aspects of compliance were compared between the two groups. ADL score was evaluated before and after nursing and the results were compared.

2.4 Statistical Treatment

SPSS19.0 statistical software was used to process the data. The ADL score is expressed as $x \pm s$. A t test was applied. Compliance is expressed in (%). The χ^2 test is applied. The results are compared with reference to the P value. 0.05 is the reference value. If the result is lower than this value, it is statistically significant^[5].

3. Results

3.1 Comparison of Compliance between the Two Groups

The compliance rate of experimental group patients in diet, medication and life behavior was significantly higher than that of control group. The difference was statistically significant ($P < 0.05$) (Table 1).

Table 1. Comparison of compliance between the two groups [n(%)]

Group	Cases	Diet	Medication	Life behavior
Control group	61	53(86.89)	54(88.52)	51(83.61)
Experimental group	61	59(96.72)	60(98.52)	58(95.08)
χ^2		3.921	4.816	4.219
<i>P</i>		0.048	0.028	0.040

3.2 Comparison of ADL Scores before and after Care in the two Groups of Patients

After treatment, the ADL score of control group patients increased from (53.17±4.79) to (75.79±5.03) points. The ADL score of experimental group patients increased from (53.21±4.73) to (87.99±5.17) points. The ADL scores of both groups were significantly improved compared with

those before treatment. The difference was statistically significant (t values were 25.435 and 38.766, respectively, $P < 0.05$). Comparing the two groups, the patient score of the experimental group increased more significantly. The difference was statistically significant ($t=13.210$, $P<0.05$)^[3].

4. Discussion

In the past, the endocrinology department had obvious deficiencies in health education for patients with type 2 diabetes, including the following aspects: (1) The content and method of health education is too simple; (2) Health education failed to grasp the key points; (3) The self-learning ability of patients and their families has not been mobilized. For chronic disease management, self-management capabilities are important^[5].

To this end, the hospital has carried out intensive health education to improve the pertinence of health education. Patients in the observation group had significantly higher knowledge scores when they left the hospital. At the same time, after leaving the hospital, the quality of disease management was better in three months, and the blood sugar control rate reached 80.0%. The implementation rate of nursing care such as foot care is high, and the level of secondary management is finally improved, which is of great significance for the prevention of complications such as diabetic foot^[2]. The new health education has the following advantages: (1) At admission, patients' knowledge is assessed and on-demand health education is conducted to meet individual needs; (2) Suitable health education ob-

jects and personnel are selected. Through the construction of harmonious nurse-patient relationship, the quality of daily education is improved; (3) The teaching methods were enriched to match the individual knowledge level and self-learning ability of patients and their families. The mission is more interesting, profound and hierarchical. Personal examples can enhance the authenticity of the mission. Patient activities can play a mutually supportive role, improve the quality of out-of-hospital education, and provide more social support.

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