Patients with Diabetes Mellitus— The Teaching Function of the Nurse

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WITH the increasing life-expectancy of our people, the incidence of long-term health problems also is ever on the increase. Diabetes is one among them. Although in India, with the exception of the cities, we do not have any statistical information on diabetes, it is seen that the disease exists in all parts of the country and in the different strata of society. It is noticed that the number of diabetes patients treated as in-patients in hospitals, either for the control of diabetes or for the treatment of complications, is increasing tremendously. As a result, the nurse in the hospital setting comes in contact with more and more diabetic patients.

The nurses' responsibility does not stop, when the diabetic patient is given good bedside care. The purpose of the therapeutic programme in diabetes, is not to cure the patient, but to keep the disease under safe control. If that is achieved, the life expectancy of a diabetic is expected to be almost the same as that of a person without diabetes. In diabetes, success in management depends on the patient's knowledge of the disease and his ability and willingness to keep it under control. The nurse can go a long way in assisting him to take care of himself. She gets ample opportunities to utilise her understanding of the disease, condition and her abilities and skills in educating the patient. Since diabetes is a long-term illness, self-care should be emphasised, as far as possible.

Even in advanced countries with comparatively higher educational and economic levels, it is often found that there is considerable confusion in the diabetic patients' mind regarding the teaching he is given. Dietary errors and unsafe practice of self-injection and urine testing are some of the results of this confusion, reported in a study done by Julia Walkins and Fay Moss. *(Confusion in the Management of Diabetes American Journal of Nursing. 69 ; 3, March 1969 p. 521).*

Although nurses are becoming more and more aware of their responsibility of educating patients regarding their care, usually the health teaching is carried out in a haphazard way, by several individuals. Several methods are used in instructing patients and inspite of all these, the diabetic patient leaves the hospital with many of his questions still unanswered. In order to be effective, the instruction should be planned, although it can be given in a piecemeal fashion. Group-instruction, rather than individual instruction is better in educating most of the diabetic patients. When they come together in groups, the participants give each other considerable emotional support. Many of their problems are shared together and they find the answers to their perplexing questions. Patients develop self-confidence in taking injection and testing urine, when they see the others in the group doing the same things. They find opportunities to bring out their doubts and fears into the open, for discussion.

Each hospital should develop a plan of organised instruction for its diabetic patients and their relatives. A brief summary of these instructions may be given to the patients on discharge, for a ready reference later. Although a general outline for the instruction may be followed, modifications should be made according to the needs and background of each group. Often group instruction may have to be reinforced with individual instruction.

An outline of organised instruction, developed and found effective, in a study done by the author is given below :

Session 1 : What is diabetes ? Etiological factors, Symptoms, Present methods of treatment, Possible complications.

Session 2 : Insulin injection-Discussion and demonstration Supervised practice of injection by patients.

Session 3 : Discussion on insulin reaction and diabetic coma, Supervised practice of injection by patients.

Session 4 : Urine test—Discussion and Demonstration, Supervised self-injection of insulin by patients.

Session 5 : Discussion of diet therapy in diabetes, Return demonstration of urine test by patients.

Session 6 : Personal hygiene and Regular check up, Review of the previous classes.

The sessions should be conducted in a room which can afford some privacy so that the group feels free to discuss things. Those patients who have relatives with them should be encouraged to bring them to the class, as relatives play some part in taking care of the patients in the home. Many factors should be considered in planning the series of instructions. The planned instructions should be practicable and adapted to the customs, habits and living conditions of the people. The procedures

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