Foundation for Diabetes Research in Older People & RIA Diabetes and Education

Module A Principles of Diabetes

1B Promoting self care





Learning aims

To recognise the benefits of self-care and patient empowerment.

To understand how to support self-care.

To recognise where you might need some assistance with some aspect of self-care

Introduction

Residents with diabetes may feel:

- Their diabetes should be managed by nurses and doctors
- Reluctant to take control themselves
- That they don't have much power over their diabetes

However, most people (even many residents) with diabetes will see real differences to their quality of life when they take active roles in managing their diabetes themselves.

Introduction - Areas of self-care

This can include managing diet and exercise and solving problems with diabetes medicines, but can also include finding ways to cope with stress.



Introduction

Registered nurses within a nursing care home:

- Will be able to provide information and guidance about diabetes self-management.
- Will be able to work in consultation with residents to create individualised healthcare plans and empower residents.
- Can seek support from community nurses and diabetes specialist nurses



Introduction

Healthcare assistants can also help to support diabetes self-care in many ways:

- By listening to the needs of residents
- Promoting the benefits of self-care
- Encouraging confidence in self-care skills by talking through preferences and choices with residents.
- By seeking support from registered nurses at their home or from community nursing teams

Healthcare professionals work in equal partnership with people with diabetes to support self-care

Diabetes knowledge and experience of healthcare professionals

Personalised care plan

Diabetes knowledge and experience, history, preferences and wishes of resident with diabetes

- Listen to residents respectfully and without judgement to their history, preferences, wishes and needs.
- Ensure that family and friends of residents are able to visit regularly
- Respect privacy and confidentiality.



- Consider residents' health literacy have they received diabetes education and do they understand it?
- Do they have sufficient information to make informed decisions to help manage their own diabetes condition?
- Are they aware of the benefits of good diabetes self-management (reduced complications, better quality of life and feelings of well-being...)?

Are enough choices available to individuals to allow them to find the options that best suit them?



- Encourage confidence in self-care skills by promoting active decision making by residents and control over their own self-management
- Encourage residents to take ownership of their personalised care plans
- Ideally personalised care plans will have been written with care home nurses in partnership with residents
- If you as a health care assistant find that a resident with diabetes does not have a personalised plan, then please raise this with nursing staff or the care home manager

- Look out for any obvious changes in health status in individuals and their circumstances that may affect their ability to self-care.
- The benefits of continuing existing care plans could be re-emphasised, or you could consider together any different choices which might be more suitable.

Supporting residents with a Learning Disability

- It should be remembered that some residents with diabetes may also have a learning disability which may prevent or inhibit their ability to self-care.
- A learning disability may be viewed as: a reduced intellectual ability and difficulty with everyday activities.
- This can create difficulties in communication between the resident and care staff, and extra support and understanding by care staff is essential.
- A wealth of information about learning disabilities and diabetes are available on the Diabetes UK website – see *further reading* slide.

Key messages - 1

- Recognise that supporting self care means that residents can remain independent longer
- It also promotes joint decision making residents and healthcare professionals
- The resident usually knows what suits them best: listen with interest and without judgement



Key messages - 2

- Look out for barriers to effective decision making this could be poor health literacy (poor diabetes knowledge or lack of education), poor memory or confusion, or lack of a personalised care plan.
- Itight any concerns to nursing colleagues and or the care home manager
- Ideally, alert those with named responsibility for supporting the diabetes self-care of specific residents.

Further reading

- Diabetes UK (2009) Improving supported self management for people with diabetes. Available at: <u>https://www.diabetes.org.uk/resources-s3/2017-</u>09/Supported_self-management.pdf
- Improving care for people with diabetes and a learning disability. Diabetes UK. Available at: <u>https://www.diabetes.org.uk/professionals/resources/</u> <u>shared-practice/for-people-with-learning-disability</u>
- Shrivastava et al (2013) Role of self care in management of diabetes mellitus. Journal of Diabetes and Metabolic Disorders; 12: 14:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3599009

Q1. Self-care involves:

- A. Managing diet and exercise
- B. Solving problems with diabetes medicines
- C. Coping with stress
- D. All of the above

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Q2. Personalised care plans should be written by:

- A. GPs
- B. Residents only
- C. Healthcare professionals only
- D. Residents and healthcare professionals together

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Q3. Barriers to self-care can be:

- A. Poor diabetes knowledge or lack of education
- B. Poor memory or confusion
- C. Lack of a personalised care plan
- D. All of the above

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- A. Poor diabetes knowledge or lack of education
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- Q4. Care home staff can promote and aid self-care for residents with diabetes by: (Select all that apply)
- A. Choosing what is best on behalf of the resident
- B. Making decisions for residents who lack confidence
- C. Presenting different choices to individuals
- D. Listening without judgement

- Q4. Care home staff can promote and aid self-care for residents with diabetes by: (Select all that apply)
- A. Choosing what is best on behalf of the resident
- B. Making decisions for residents who lack confidence
- Output Content of the second secon
- D. Listening without judgement

Q5. Any changes in health status experienced by individuals should be: (Select all that apply)

- A. Reported to nursing colleagues, care manager and named key workers
- B. Considered as barriers to self-care
- C. A trigger to review the personalised care plan
- D. Ignored as they are part of the natural progression of diabetes

Q5. Any changes in health status experienced by individuals should be: (Select all that apply)

- A. Reported to nursing colleagues, care home manager and named key workers
- B. Considered as barriers to self-care
- Output Content of the second secon
- D. Ignored as they are part of the natural progression of diabetes

Learning completed