

Nurses Experience of Care for the Elderly Patients with Diabetes

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<p>According to the reports of WHO, diabetes was the direct cause of 1.5 million deaths globally in 2012. Among people suffering from diabetes in the world, almost half of those who die due to high blood sugar are before the age of 70. The high incidence of diabetes in the elderly has continued to increase, and the care for these patients is also facing severe challenges. This research summarized the experience of nurses caring for older people with diabetes.</p> <p>The study was implemented as a literature review. The data was searched using CINAHL article database. Overall, five articles were chosen to be reviewed. Content analysis was applied in the analysis of the data.</p> <p>Nurses' experiences in caring for older patients with diabetes can be classified into four main themes: training and education for nurses, work experience, communication and cooperation among care providers, and patient's health condition.</p> <p>In conclusion, nurses who did not receive enough professional training were not aware of the risks and complications of diabetes, resulting in inadequate care. Also, as a result of lack information and confidence for nurses, the quality of care for elderly patient with diabetes was in danger. Therefore, more approaches of solving the problems need to be done. Moreover, coordination of caring among professionals still need to be improved in order to enhance their ability of nursing care for diabetes patients.</p>		
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Miscellaneous		

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1 Introduction

Diabetes mellitus (DM) is a group of metabolic diseases consisting of defects in what the secretion and/or action of insulin is regarded, leading to the main manifestation, hyperglycemia. It represents a globally rising health issue, the number of people suffering from this chronic disease last being estimated in 2016 by the World Health Organization at 422 million. Almost half of all deaths attributable to high blood glucose occur before the age of 70 years. WHO projects that diabetes will be the seventh leading cause of death in 2030 (WHO, 2017).

Chronic hyperglycemia as found in diabetes is associated with organ dysfunction, damage or even failure, and diabetes-specific complications. Diabetic patients tend to exhibit signs of anxiety and poor emotional health due to negative diabetes perception, loss of control, and fear of complications. A “response shift”, which is an internal change of values, standards, and concepts regarding “quality of life” (The marked increase in life expectancy has made it obvious that there is a need for other health-related measures other than life expectancy and cause of death, especially regarding the grade of lived years. An individual’s existence in all its aspects can be summed up using the concept known as “quality of life”) must then take place in order for the patient to be able to confront the chronic disease and all that it entails.(Deakin et al,2006.)

Improved patient satisfaction and treatment adherence, reduced hospitalization and emergency room visits, and lower health care costs. Experiences from patient-centred practices need to be highlighted as a way of motivating diabetes specialist nurses to take a patient-centred approach. The aim of this study was to describe nurse’s experiences of encounters with patients in diabetes care to help diabetes patients improve their life level.

2 Care for the Elderly Patients with Diabetes

2.1 Diabetes complications

According to the WHO survey, there are many complications of all types of diabetes, and they may be produced in all parts of the body, serious complications may lead to death. Diabetes was the direct cause of 1.5 million deaths globally in 2012 (WHO, 2017). For example, cardiovascular complications including atherosclerosis, hypertension, and cardiac autonomic neuropathy, which are found in diabetes, and is a permanent stress for patients with diabetes. Diabetic neuropathy affects the peripheral nerves. It leads to ulceration on feet, even patients need to make the amputations surgery. It also causes gastrointestinal, urinary and sexual dysfunctions. Retinopathy is another complication, which it can lead to impaired vision or even blindness. There are studies prove that the relationship between depression and DN, in other words, it is a link between the level of depression and the severity of the neuropathy. After the initial diabetic complications, depression is shown to appear shortly, especially peripheral neuropathy. (Burrows&Nilka Rios, 2017). In the final stages with diabetes has a main cause---Chronic kidney disease. In this stage, patients need to do dialysis.

2.2 Nursing care of older population with Diabetes

For most of elderly people, they have type 2 diabetes that was classified as a chronic disease. This kind of diabetes always affects people's quality of life (Bowling, 2001). Therefore, they always focus on their daily diet, but it is not enough. If only that, their subjective quality-of-life may be will not be improved. So health promotion become an important element for health service in current whose aims to make people to take control over and improve their health. (Department of Health 2006.)

Nurses provides services that enhance the care to patient who have diabetes to receive and improve out-comes. Nurses, especially as a specialist nurse, they have

very important effect on caring patients with diabetes. There are a studies that advanced nurse practitioners in long-term care had positive impacts on improving staff confidence in a unique practice model. They prevented 39–43% of cases to be hospitalized. So identifying care priorities and planning are very helpful and help this model to achieve success. In a number of European regions, the role of nurses especially the practice of advanced nurses is changing. For example, in Switzerland, most of nurses need to complete a three-year vocational training and gain a diploma in nursing in home health care or nursing homes. In these conditions, nurses rarely come into contact with senior care professionals who specialize in diabetes. (Huber, 2011).

In elderly people, understanding change is a common problem, it can make them product misunderstanding for disease and treatment plan. Many education programs do not adapt to elderly people who need to special education in currently. Some of elderly people have eyesight problem, hearing problem and limited mobility. All of these object them to gain health care services or utilizing instructions. For example, nurses perform routine nursing care when they took blood glucose tests or insulin injections incidental learning moments would occur. Therefore, the education of elderly people in family health care and nursing homes will be in the professional range.

Improve patient satisfaction and treatment compliance, reduce hospitalization and emergency room treatment, and reduce medical costs. It is necessary to emphasize patient - centered practical experience in order to motivate diabetes specialist nurses to take a patient - centered approach.

2.3 Patient-center care for older people with diabetes

"Patient centered care" is usually used to describe the medical perspective of a patient's specific health problem. It is focused on the realization of a common understanding of disease and its management (Hughes,2008).

Nurses should fully perform their nursing duties, pay attention to patients' physical and mental health, do professional care, disease observation, psychological support and health guidance and other tasks, and all activities should put patients in the first place. At the same time, we should also improve the service quality around the patient's needs, and provide them with high quality, high efficiency and reliable medical service. Patient-centred care refers to the relationship between professionals and patients aimed at mutual respect, and takes into account the needs, values and priorities of each patient.(McCormack et al,2010.)

It is a promising approach for caring type 2 diabetes, especially in helping patients do self-management. According to some reports, we found that the most of Swedish patients with T2D are treated in primary health care centre by general practitioners and DSNs (Swedish Agency,2012). They were recommended to undergo a half year examination, preferably by a general practitioner and a DSN. The examination was organized on a personal level, but consultation was rarely personalized. Although the national guidelines put forward suggestions, collective education has not been given priority, and a Swedish national survey found that it was arranged at only approximately one-fifth of the Swedish PHCs. Patients with T2D are advised to adjust their diet and physical activity and, if necessary, carry out blood glucose monitoring and diabetes follow-up through annual laboratory measurements, documented in the National Diabetes Register (Gudbjornsdottir et al,2003). It is recommended that DSNs support patients' self-management and provide diabetes education, including strengthening the patient's empowerment, emphasizing informed decision making and sharing responsibility (Swedish Council on Technology Assessment in Health Care 2009).

2.4 Implementing guidelines for patient-centred care include quality of life in this

When nurses talk about using guidelines and medical goals, they don't mention stories that include patients' experiences and personal goals. Instead, they emphasized the benefits of using guidelines for diabetes care. When nurses talk about guidelines and medical goals for diabetes care, they talk about diabetes as a disease and a pathological state. In this view, the blood sugar limits are considered clear, and some patients have to be implemented and followed. When nurses face all kinds of opinions of patients and professionals, they are full of confidence in the medical perspective of diabetes, and tend to focus on patients. (Hörnsten,2008.)

It takes a lot of time to talk about blood sugar, especially if the blood sugar is high or low, which causes attention to blood sugar and its importance. We are taught that blood sugar is very important, so we have our focus in nursing there. Overall observation of the patient is also important in nursing, but blood sugar is the most important in diabetes. (Hörnsten Å,2008.)

3 Aim, purpose and research questions

The aim of the study is to find out the experiences of nurses caring for older people with diabetes. The result of this study can be used to improve care of older patients with diabetes, by understanding ways to promote the health of older people with diabetes.

Research question is: what are the experiences of nurses caring for older people with diabetes?

4 Methodology

4.1 Literature review

This research adopts the method of literature review. Literature review is a collection of a large number of relevant information on a subject, through analysis, reading, sorting out the related issues or research topics of the latest progress, and then put forward academic insights or suggestions. It is the foundation in the research field of research literature were widely read and understand on the research status in this field, new discovery and development prospects of the contents of a comprehensive analysis, summary and comments, and put forward their own research ideas (Bolderston, 2008).

It requires that the author not only make a comprehensive collation and statement of the main points of the materials, but also make a more specific, comprehensive, systematic exposition and corresponding evaluation on the comprehensive collated documents according to their own understanding. So Machi and McEvoy (2016) put forward the six step model of literature review : (1) Selecting a topic; (2) Searching the literature; (3) Developing arguments; (4) Surveying the literature; (5) Critiquing the literature; and (6) Writing the literature review. (Machi & McEvoy 2016.)

Furthermore, literature review is one of the most important tasks in the process of social research, which is to systematically review and analyze all kinds of documents related to problems, so as to understand the process of the research in this field, so systematic literature review are significant. The systematic reviews, evaluates and collects data through unified procedures and standards, and forms amendments and updates to the results. Different from the general review, it requires the comprehensive collection of data on the basis of evaluation, making the data as objective as possible(Lawrence et al, 2016.)

4.2 Literature search

The data for this literature review was collected from the article databases of CINAHL. At the beginning of the data search, the key words related to the topic was combined differently and screened to achieve the best results. The key words are elderly patients, diabetes, nurses' experience.

First the title of the articles was screened and then the abstract and full text. Peer reviewed articles that answer the research question and are published in English, from 2008 till date in full text will be included. Table 1 demonstrates the data search. A table of all the reviewed articles can be found in Appendix 1.

Table 1. Datasearch

Key words	after title	After abstract	full text
78	16	8	5

4.3 Data analyses

This study used content analysis to analyze the selected and appraised data .Content analysis is an important method to study and analyze the content of communication by using objective and quantitative classification and measurement techniques. It is also a commonly used method of data analysis in social and behavioral science. They can be written form of records, such as articles. (Alan&Bryman, 2011.) The analysis and grasp of content, finally expressed in the form of quantity. This kind of expression is not equal to simple or pure "digitization", but to explain "quality" through the change of "quantity" of the content of communication, so as to make the grasp of "quality" more accurate.

First the articles were read over and over again and tested on the research question. The data answering the research question is then extracted. The extracted data are compared item by item, so that the similar data are classified and grouped. Then, these coding categories are compared and further analysis and synthesis is made. The results is then writing base on the categories and sub-categories (Elizabeth, 2005).

5 Results

The results will be further presented in four main categories: Training for Nurses to improve professional competence, The work experiences of nurses, Communication and Cooperation among care providers, Patients Health condition. Figure 1 illustrates the main categories and their subcategories. The results will be further explained in this paper.

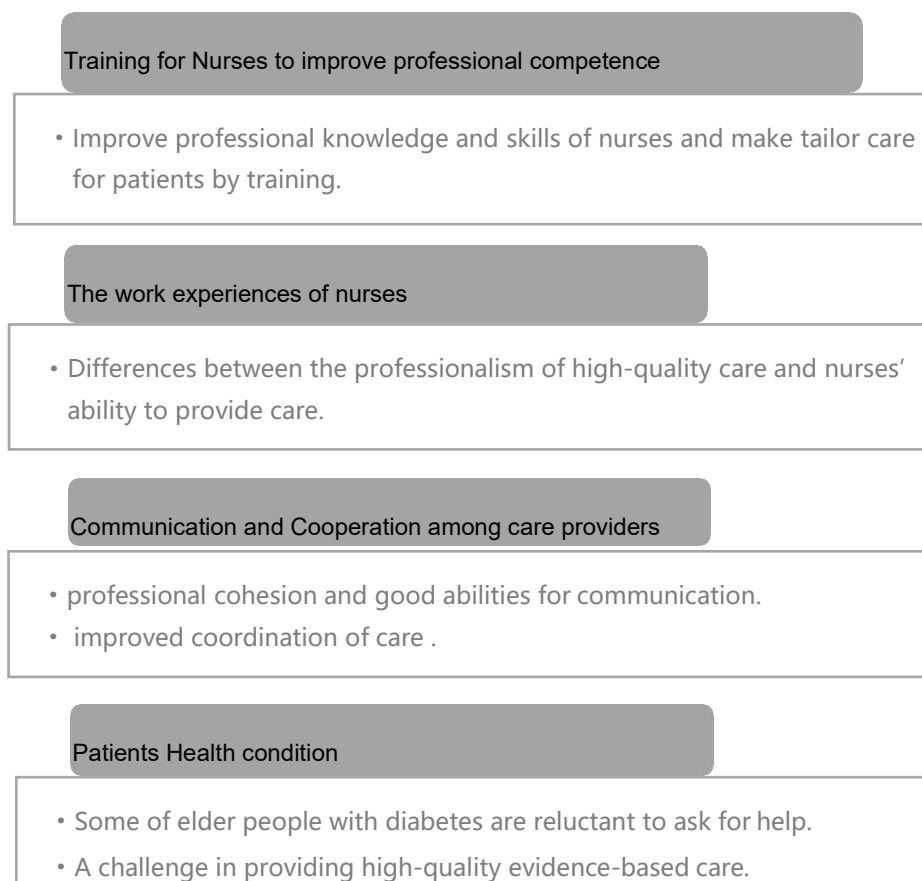


Figure 1. Example of data analysis process

Training for Nurses to improve professional competence

Training through different methods would increase professional and interpersonal skills and possibly will lead to better patient outcomes. Client-centred care involves supporting and helping patients' needs of daily living, advocacy, empowerment, respecting the client's autonomy, voice, self-determination, and participation in decision making. Some nurses were not aware of the risks and complications of diabetes, resulting in inadequate care. Preventive home visits have not been maintained. Nurses feel the need to regularly and constantly participate in education to improve their professional knowledge. This is to assure competencies and interpersonal skills for client-centered care. This way, they can participate effectively in patients' life and tailor care to meet the individuals' capabilities and to encourage acceptance of the disease. (Huber, 2011.)

The work experiences of nurses

A discrepancy between the level of expertise which the nurses described as important to delivering high-quality care and their capacity to deliver such care. The discrepancy was due to lack of availability and access to current information, limited ongoing support, Lack of cohesion among health care professionals, and limited confidence and autonomy (Graue, 2013). Nurses lacked confidence and autonomy to manage elderly people with diabetes in municipal care settings. Lack of information, support, and professional cohesion made the role challenging (Modic,2016).

Communication and Cooperation among care providers

Nurses feel that communication is important in diabetes care. Because continuity cares and professional roles need clarification. The nurses feel professional cohesion is very significant. Multiple-teams need to discuss patient's disease together, it needs

nurses to have professional cohesion and good abilities for communication.(Huber, 2011.)

Nurses stated that they are often trapped between providers (oncologists and primary care providers) and patients and there is no clear guidance on how to care for diabetics. (Goebel, 2016.)

A breakdown in care coordination occurred because of poor communication between health care providers and uncertainty about who should be responsible for what care. Care coordination included two sub themes—ineffective communication and care management. Nurses indicated the need for improved coordination of care among professionals caring for patients with multiple comorbidities. One challenge identified by all nurses was care coordination and communication. (McCormack et al. 2010.)

Patients Health condition

Some elder people cannot read or complete their care and treatment by themselves. Some of elder people with diabetes are reluctant to ask for help, because they feel ashamed and inadequate. Also some of older people have other disorder such as hypertension, high blood glucose, high cholesterol and so on. (Huber, 2011.)

The increasing prevalence of diabetes with other disorders with other older people, challenge nurses and nursing aides in providing high-quality evidence-based care in nursing homes and municipal home-based services. Deficiencies in treatment and follow-up care, as well as significant need for educating personnel, are emphasized. (Goebel 2016.)

6 Discussion

6.1 Discussion of main results

Bowling (2001) indicated how diabetes can affect people's quality of life. It is therefore not enough that nurses just focus on the daily diet of old people with diabetes. Nurses should have a lot of nursing knowledge and professional skills about diabetes so they are able to teach patients who want to learn, thereby enhancing the care to patient who have diabetes to receive and improve out-comes. For those nurses who have largely professional knowledge about diabetes and other diseases, they can observe better patient's situations and care for this. Nurses can find some special situation and feedback to doctors. (Huber, 2011.)

The results of this review indicate "Patient-centred care" is the focus of nursing care to achieve a common understanding of disease and its management (Hughes et al, 2008). Nurses perform their duties should put patients in the first place and provide them with high quality, high efficiency and reliable medical service (McCormack et al, 2010). Communication and cooperation play important roles in caring for patients with diabetes. After our research, we found that nursing coordination is a challenge, lack of cohesion among health care professionals, and limited confidence and autonomy (Hausken, 2013; Graue, 2013). In our research, we noticed that similarly Goebel, Huber found a breakdown in care coordination occurred because of poor communication between nurses and uncertainty about who should be responsible for what care. In fact, this problem shows that this team's cohesion is not enough, the care team to play a good teamwork will show respect and love for each life. The team is a cooperative group, which requires the establishment of mutual trust between nurses. Trust is the cornerstone of cooperation. Also learn to be responsible for yourself, your team, and even your mistakes. You are responsible for every detail of your work and your colleagues will see your actions in their own eyes. Nothing can convince others to respect you and trust you more than take the initiative. Nurses should understand that the symptoms of patients with diabetes and cancer may have two origins, and to address these symptoms successfully, diabetes care is inseparable from the contribution of the nursing team. (Goebel, 2016; Huber, 2011.)

Furthermore, when nurses talk about guidelines and medical goals for diabetes care, they treat diabetes as a disease and a pathological condition, without mentioning too much of the story of the patient's experience and personal goals (Hörnsten,2008). Nurses can train in different ways to increase professional and interpersonal skills and may lead to better patient outcomes. Regular and continuous participation in education ensures the ability to care for patients and the ability to communicate with others. In this way, they can effectively participate in the lives of patients and tailor their care. (Huber, 2011.)

From the perspective of the researcher, nurse needs professional training and support to enhance their professional capability and make them have confident and autonomy to make care decision. Nurses also have to further develop their knowledge and constantly update themselves. All members of the health care team must be motivated and prepared to manage all aspects of patient care. Education tailored to each patient and improved communication between specialties may help facilitate this coordination of care.

6.2 Validity and reliability

The study used literature review methodology where previous studies to summary nurses' experience about elder patient with diabetes. Patient-center care for older people with diabetes is the highlight in this study, which could apply to all articles.

This review was conducted by two researchers, who identified and analyzed the topics together to prevent personal prejudice and help increase the effectiveness of classification methods by enlisting the assistance of a colleague. This method has several philosophical and epistemological difficulties, for examples, this study was made in the absence of theories about the specific phenomenon being studied, what criteria do our colleagues ask for in order to determine the extent of their professional knowledge or experience? In addition, researchers share their explanations with colleagues, and a positive outcome would be to provides for challenging the robustness of the emerging categories/themes. For example, in the course of the study, the researchers missed questions or patterns that the coworker might emphasize. (Cutcliffe,1999.)

The literature reviewed in this study all use English and their culture background are similar, it can ensure validity and reliability of this study. The author carefully records the literature used to ensure the authenticity of the article, meanwhile, ensuring appropriate referencing and avoiding misrepresentation of other author`s works. The reviewers followed the research integrity guidelines provided by the Finnish Advisory Board and maintained integrity of this review (TENK, 2012, 28-40).

6.3 Conclusion and recommendations

In conclusion, the experiences of nurses caring for older people with diabetes are in many ways. The main aspect is that nurses perform their duties by “patient-centered care” to support physical and mental health of patients. Meanwhile, communication plays an important role in diabetes care, which needs the caring team fully develop professional cohesion. Moreover, the level of expertise can not be neglected in client works, however, there is no significant comparison in certain cases between nurses with sufficient ability in caring old patients with diabetes and nursing who lack of expertise.

In addition, this study has elaborated nurses who accepted a range of training can enhance their professional and interpersonal skills so that it could lead the patients have better treatments and outcomes. This still needs to be explored through further discussion about what kinds of train are effective for nursing care.

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World Health Organization, Diabetes, 2017.

Appendix

Appendix 1. The reviewed articles in alphabetical order

Article	Authors	Aim/purpose	Key findings from abstract, results and discussion parts
Diabetes care of dependent older adults: an exploratory study of nurses' perspectives	Claudia Huber, Jörg W Huber, Maya Shaha	To explore nurses' perspectives on diabetes care for dependent older adults in home health care and nursing homes in Switzerland.	communication, continuity of care and professional roles need clarification Training through different methods would encourage professional and interpersonal skills and possibly will lead to better patient outcomes.
Challenges in managing elderly people with diabetes in primary care settings in Norway	MARIT GRAUE, TRISHA DUNNING, MARIE FJELDE HAUSKEN, BERIT ROKNE	Diabetes training for community-based health care professionals significantly improves the metabolic control and quality of life of people with diabetes and that good diabetes management can prevent or delay the development of diabetes-related Complications.	A discrepancy between the level of expertise which the participants described as important to delivering high-quality care and their capacity to deliver such care. The discrepancy was due to lack of availability and access to current information, limited ongoing support, lack of cohesion among health care professionals, and limited confidence and autonomy.
Caring Behaviors: Perceptions of Acute-Care Nurses and Hospitalized Patients With Diabetes	Mary Beth Modic, DNP, RN, CDE, Cleveland Clinic; Sandra L. Siedlecki, PhD, RN, Cleveland Clinic; Mary T. Quinn Griffin, PhD, RN, FAAN, ANEF, Case Western Reserve University; Joyce	To examine perceptions of nurse caring behaviors by patients with diabetes and nurses caring for them, and to determine differences between the two groups.	Participants lacked confidence and autonomy to manage elderly people with diabetes in municipal care settings. Lack of information, support, and professional cohesion made the role challenging.

	J. Fitzpatrick, PhD, RN, FAAN, Case Western Reserve University		
Improving Coordination of Care Among Healthcare Professionals and Patients With Diabetes and Cancer	Josilyn Goebel, BSN, RN, Sarah Valinski, BSN, BMTCN®, and Denise Soltow Hershey, PhD, FNP-BC	to identify the issues regarding the management of diabetes in patients with cancer by examining the perspectives of oncology providers, nurses, and patients.	<p>Prioritization and responsibility refers to the portion of care participants focused on and whom they believed should be held accountable for managing each disease during the course of treatment.</p> <p>Nurses said that they often were stuck between providers (oncologists and PCPs) and patients, and did not have clear guidelines on how to care for patients with diabetes.</p> <p>A breakdown in care coordination occurred because of poor communication between health care providers and uncertainty about who should be responsible for what care.</p> <p>Care coordination included two subthemes—ineffective communication and care management.</p> <p>Within health/self-management were three subthemes—symptom interference, symptoms/side effects, and glycemic control.</p> <p>All health care groups spoke of the negative impacts cancer treatment had on managing diabetes. Specifically, fatigue interfered with regular exercise, nausea and vomiting interfered with nutrition, and altered sleep cycles prevented the maintenance of regular schedules.</p> <p>The need for improved coordination of care among professionals caring for patients with multiple comorbidities.</p> <p>One challenge identified by all participants was care coordination and communication.</p>

			<p>Health care providers must understand that the symptoms of patients with diabetes and cancer may have two origins, and to address these symptoms, they must acknowledge and treat both entities.</p> <p>The importance of abandoning a siloed approach to cancer care and embracing a more comprehensive approach that considers all the comorbidities of patients.</p> <p>All members of the health care team must be motivated and prepared to manage all aspects of patient care. Education tailored to each patient and improved communication between specialties may help facilitate this coordination of care.</p>
<p>Developing, implementing and evaluating diabetes care training for nurses and nursing aides in nursing homes and municipal home-based services</p>	<p>MF Hausken, M Graue</p>	<p>(1) to describe the development and implementation of an educational training programme in diabetes care and management for registered nurses and nursing aides in nursing homes and municipal home-based services; and (2) to report on the evaluation of the programme and experiences of those who participated.</p>	<p>The increasing prevalence of diabetes among older people challenges nurses and nursing aides in providing high-quality evidence-based care in nursing homes and municipal home-based services. Deficiencies in treatment and follow-up care, as well as significant need for educating personnel, are emphasised.</p> <p>Through training, nurse can contribute to the security of others in diabetes issues in their workplace. Update other colleagues with information and possibly have professional seminars; keep info for other colleagues. Further develop their knowledge, keep themselves updated.</p>