To summarize and synthesize studies that examine the components of adherence in diabetes management within various populations diagnosed with Type 2 Diabetes (T2DM), Persons with Diabetes Mellitus (DM) have an increased risk for hypertension, high cholesterol, blindness, amputations, kidney disease, heart attacks, and strokes (ADA, 2016).

The World Health Organization (WHO) estimated 422 million DM cases worldwide in 2014 (WHO 2016). In the United States, diabetes has become a costly epidemic which resulted in an annual healthcare cost of $245 billion in 2012.

Total prevalence of diabetes in the U.S. is significant at 29.1 million, of which 97.3% is attributed to Type 2 diabetes (T2DM).

Haitian-Americans are among the populations affected by the disease and related challenges to effective diabetes treatment and management in the U.S.

Theories and Cultural Perspectives

Nursing practice: a strong connection between theory and research (Chinn & Kramer, 2015)

Models and theories addressing the management of diabetes in Haitian-Americans: the Health Belief Model (HBM), the Social Cognitive Theory (SCT) (Bandura, 1986) and the Transtheoretical Model (TTM) (Prochaska, 1994).

Cultural theories (Leininger, 1991), (Purnell, 2002) specific to caring for this population: Purnell’s Model of Cultural Competence, and Leininger’s Culture Care: Diversity and Universality Theory

Methods


Distinct components:

- Determining the concept to be studied
- Drafting a clear research question
- Defining the research process
- Gathering pertinent information
- Synthesizing the research data
- Detailing specific conclusions and research implications

Results

- Analysis of research findings: Rodgers and Knaff’s process (2000) identified the various factors for effective behavioral changes that impact adherence, diabetes management, and education in distinct and varied demographic groups.
- Adherence to treatment of T2DM involves administration of medication, glucose monitoring, nutrition and exercise.
- Research findings identified that adherence to treatment is a difficult process.
- Some factors were identified as to why individuals do not adhere to treatment protocols.
- The scant literature on Haitian-Americans did not incorporate relevant theories that elucidate the dynamic, holistic, and culturally-sensitive components necessary for the care of immigrant individuals; specifically Haitian-Americans.
- Self-efficacy, which was not addressed, is a key factor in behavior modification.
- Nurses must explore the complexity of T2DM management specific to the component of adherence: how and why Haitian-Americans face more challenges in managing T2DM.

Conclusion

- Globalization, demographic influences, lifestyle changes, complexities of life and increased prevalence of chronic illnesses, including T2DM, pose a challenge for nursing practice.
- Utilization of theories, behavioral modification, and cultural influences on behavior are often not considered an integral part of the treatment plans of individuals with T2DM.
- The previously stated interventions may lead to improved health outcomes, social justice, and quality of life for marginalized and vulnerable Haitian-Americans.
- It is imperative that future nursing studies be directed to effective development of holistic nursing interventions, nursing education, use of eclectic theories, and the utilization of multidisciplinary resources.

Summary

- Adherence is a difficult process.
- Cultural components and theories must be utilized.
- More research is needed to understand and support this vulnerable population.
- The American Nurses Association (ANA), Nursing Social Policy Statement (2010), and ANA Code of Ethics (2015) further mandate that individuals receiving nursing care must be treated in accordance with social justice values.

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*See handout for references