

Effect of Planned Education on Diabetic Foot Care Behaviors in Diabetics Hemodialysis Patients

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Background:

Increasing numbers of cases with diabetes are becoming more frequent in diabetic individuals, which is a chronic complication, and it is worth noting that the individual attempts to protect diabetic foot and foot, which threatens many attentions. It was determined that amputation rates decreased and the quality of life increased in the group of patients who developed self-care skills behaviors. For this reason, it is important to use a form in foot care assesment.

Objective: A descriptive and pre-post test study was planned to aim to examine the effects of planned education on the development of foot care behaviors and control in DM individuals with dialysis treatment.

Participations and Methods



The study was carried out between January and February 2017. The sample size was calculated using power analysis with power of 0.80-0.90, a significance level 0.05. The number of patients (three groups each) to be taken in each group was determined to be twenty (20). In this part of the study, the data are collected from the centers (two) where support will be given for the places and materials to be used in the illness education program. Patients who were diagnosed with DM for at least 6 months, who had received dialysis treatment for at least 6 months, patients were included from the study, patients with hearing and vision problems, diabetic foot wound, catheter, and kidney transplant rejection were excluded. The data were collected by the researchers using literature and similar studies (15 questions) Nottingham functional foot care diagnosis form and diabetic foot evaluation form. Planned training was given in booklet and slide about the patient's foot care. The data were collected by the investigators face-to-face with the patients.

Patient Education Practice

The Nottingham Assessment of Functional Footcare (NAFF), developed by Lincon et al. (2007), was revised in 2015 and reduced from 29 to 26 items. A program developed specifically for the calculation is used. The validity and reliability studies of the form in our country were made in Akyol & Şengül (2016). The Cronbach alpha of the form was 0.73 and the test/re-test was 0.83.

Diabetic Foot Evaluation Form; It has been developed in accordance with the related literature (3,8,12) in order to evaluate the risk of DM individuals

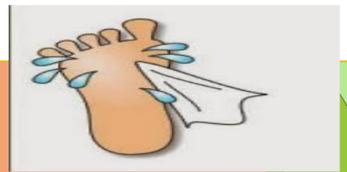
Planned Education: Patient Education: A training booklet consisting of 12 titles and a slide show consisting of the same titles were used in the planned training of the patients.

Application of the study: This study was planned as a randomized controlled study in patients with HD therapy. Randomization will be done according to whether the patient's protocol numbers are double / single. Research sample; the application is grouped as A,B and C.

Conclusion/Application to Practice

It has been determined that the training planned for the prevention of the development of DM individuals receiving dialysis treatment is a positive contribution to the outcome of all practices (A, B and C) and the positive effect of foot care behaviors and control on the treatment. It is seen that the first one month results of the planned training in the foot care behaviors of patients with diabetes continuing chronic hemodialysis treatment are positive. Three and six month's follow-up of the work will be continued and the results will continue to be monitored.

Results



Of the patients included in the study, 54.1 % were in the 65-74, 16.4% were in the 55-64 age group, and the mean age was 66.72 ± 10.048 and average year of entering dialysis 4.87 ± 3.65 , respectively. When NAFF pre-education and post-training average scores were compared, it was found statistically significant between the mean scores of method A, B and C. It has been determined that the training planned for the prevention of the development of DM individuals receiving dialysis treatment is a positive contribution to the outcome of all practices (A, B and C) and the positive effect of foot care behaviors and checks (Table 1 and 2). It has been determined that the Benferroni analysis is based on the difference method A.

When the independent variables were compared with each other, while marital status ($X^2: 14,50$, $p < 0,05$), year of entering dialysis ($x^2: 2,08$, $p < 0,05$), drug use status ($x^2: 10,72$, $p < 0,05$) was statistically significant, age groups ($F: 0,60$, $p > 0,05$), sex ($x^2: 3,20$, $p > 0,05$), the presence of chronic illness ($X^2: 2,08$, $p > 0,05$) was not significant.

Table 1: Comparison of NAFF pre-and post-training mean scores

Method	N	Mean	Std Deviation	F	p
NAFF before education					
Method A	20	31,50	7,43	11,21	0,000
Method B	20	36,25	8,06		
Method C	21	43,23	8,42		
NAFF after education					
Method A	20	50,15	6,08	6,74	0,002
Method B	20	42,20	6,77		
Method C	21	52,80	7,20		
Education acquisition					
Method A	20	18,65	8,15	6,98	0,002
Method B	20	8,95	9,09		
Method C	21	9,57	10,23		

Table 2: Comparison of patient education scores before and after training

Method	Patient Education	N	Mean	Education acquisition	Std Dev	t	Sig (2-tailed)
Method A	Before	20	31,50				
	After	20	50,15	-16,65	8.15	-10,23	0,000
Method B	Before	20	36,25				
	After	20	45,20	-8,95	9,09	-4,68	0,000
Method C	Before	21	43,23				
	After	21	52,80	-9,51	10,23	-4,28	0,000

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