

Overcoming barriers to starting insulin therapy : experience of psychological adaptation in Taiwanese diabetes patients

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Abstract (300 word limit) : Poster Presentation

Statement of the Problem: Insulin therapy (IT) improves blood sugar and diabetes complications in diabetics, but drawbacks include limitations on daily activities, and fear of injection pain, hypoglycemia. Thus, many diabetics are reluctant to initiate IT. **The purpose of** this study was to describe the phenomenon of psychological adaptation to IT from the perspective of adults with type 2 diabetes mellitus. An understanding of the barriers to IT from the patient's viewpoint may facilitate the provision of more effective care. **Methodology & Theoretical Orientation:** A total of 60 patients with diabetes mellitus and glycated hemoglobin A1c (HbA1c) over 8% were enrolled. A qualitative study using grounded theory, semi-structured interviews, and 6 focus groups was conducted. Results were analyzed in light of patients' refusal and acceptance of IT. The average age of all participants was 61.78 years (men 37% / women 63%). **Findings:** The participants described a range of sources of diabetes distress, including diabetes control (concerns about treatment modalities / body burden / future complications); depressed mood "Insulin is considered a source of fear / anxiety", and " People delay insulin treatment and is associated with emotional disorders "; the voice of self-blame "I have not taken care of themselves in the past"; Interpersonal disturbances and stigma; Sleep and blood glucose relatedness. **Conclusion & Significance:** Psychological resistance to IT can result from a range of personal viewpoints involving cognitive appraisal and/or emotional reactions. These findings contribute to clinical practice by increasing our understanding of diabetes treatment from the recipient's viewpoint, which in turn may allow healthcare providers to better meet the needs of diabetics. We recommend that diabetes patient attend group sessions in a clinical setting to explore emotional and psychological issues, with a view to improving the quality of psychological care in diabetes.

克服開始胰島素治療的障礙：台灣糖尿病患者心理適應的經驗

問題陳述：胰島素治療（IT）可改善糖尿病患者的血糖和糖尿病併發症，但缺

點包括日常活動受限，以及對注射疼痛，低血糖的恐懼。因此，許多糖尿病患者不願意發起 IT。本研究的目的是從患有 2 型糖尿病的成人的角度描述心理適應 IT 的現象。從患者的角度理解 IT 障礙可能有助於提供更有效的護理。方法和理論定位：共納入 60 例糖尿病和糖化血色素 (HbA1c) 超過 8% 的患者。使用紮根理論，半結構化訪談和 6 個焦點小組進行了質性研究。根據患者的拒絕和接受 IT 分析結果。所有參與者的平均年齡為 61.78 歲 (男性為 37%/女性為 63%)。調查結果：參與者描述了一系列糖尿病患者的危機，包括糖尿病控制 (對治療方式/身體負擔/未來併發症的擔憂); 情緒低落“胰島素被認為是恐懼/焦慮的根源”，“人們延遲胰島素治療並與情緒障礙有關”; 自責的聲音“過去我沒有照顧好自己”; 人際干擾和恥辱; 睡眠和血糖相關。結論和意義：IT 的心理抵抗可能來自一系列涉及認知評估和/或情緒反應的個人觀點。這些發現有助於臨床實踐，從接受者的角度增加我們對糖尿病治療的理解，這反過來可以使醫療服務提供者更好地滿足糖尿病患者的需求。我們建議糖尿病患者參加臨床環境中的團體教育，探討情緒和心理問題，以提高糖尿病心理護理的質量。

此次會議將著重於支持救災創新技術，救災後勤需求，危機地區護士安全，災難應對中文化特徵的相關性以及敘利亞和非洲難民災難等危機的人道主義後果。在參與活動中主題提到，“基於國家和國際證據並與仙台一致的伊朗災難健康和災難護理”，澄清減少災難風險意味著需要改變方向。它為連接發展集團和人道主義團體提供了一個實用的橋樑，並將政府，包括民間社會和私營部門聚集在一起，以減少災難和氣候風險。此外，在美國紅十字會國際災害服務主題“災難中的人道主義反應：與紅十字會建立夥伴關係以支持災難性事件後的公共衛生恢復”。紅十字會擁有強大的國際合作渠道和經驗，政府和其他民間單位協調機制，許多經驗與醫院共同合作。此外，主題為“在2014年埃博拉疫情的情況下，照顧凱內馬/塞拉的未受影響兒童，控制感染和保護”。在埃博拉治療區感染針頭的醫務人員的存活率為零。因此，最微妙的錯誤可能是致命的。因為在這種環境中，能見度有限，所有處置都必須慢慢進行，並且要非常謹慎。目前，政府的政策至關重要。國家需要培訓訓練有素的人員應對災難，並參與災後的重建計劃。但是，培訓系統通常是不完整和缺乏標準化服務。因此，護理人員災難護理教育在全球災難中的經驗和期望，對一個國家具有重要意義。