

Development of Model Using Sociocognitive Variables to Explain Self-Care in Adult Women with Type 2 Diabetes

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Background

- **Diabetes affects 8.3% of population, 25.8 million people, 90 – 95% have T2DM**
- **Women are affected disproportionately to men**
- **Disparate effect in ethnic minorities versus White Americans**

Significance

- **95% of diabetes disease management resides with the individual in diabetes self-care**
- **Self care & health behaviors occur within the context of a social environment**
- **Need to determine the psychosocial processes that influence self-care behavior in women with T2DM**

Purpose

- **Determine if four sociocognitive variables explain self-care behavior in women with T2DM and answer:**
 - 1. Do personal diabetes beliefs including barriers to self-care, self-efficacy, outcome-efficacy, and social support explain diabetes self-care in women with T2DM?**
 - 2. Do findings from this study support the empirical and theoretical evidence that variables from the HBM, Social Cognitive Theory and Social Support explain self-care behavior?**

Method

- **Design:** Cross-sectional predictive design
- **Non-probability Sampling:**
 - 198 women with T2DM
 - Mean age 51.52 years
 - Mean duration of diabetes 10.27 years
 - 79.7% Hispanic
 - 31.6% reported less than high school education
 - 64.4% reported income less than \$14,999
 - 75% reported using a combination of multiple therapies

Results -Bivariate Correlations Explanatory Variables

	Social support	Self efficacy	Outcome expectancy
Social support		.325**	
Outcome expectancy		.310**	
Exercise barriers	-.161*	-.324**	
Diet barriers		-.408**	
Medication barriers		-.352**	-.228**
Glucose barriers		-.289**	-.176 *
Total barriers		-.413**	-.148 *

*significant at the 0.05 level (2 tailed)

**significant at the 0.01 level (2-tailed)

Results - Bivariate Correlations Explanatory & Demographic Variables

	Social support	Barriers	Dietary barriers	Outcome expectancy
Age		-.201**	-.229**	
Education	-.276**			.156*
Income	-.149 *			

*significant at the 0.05 level (2 tailed)

**significant at the 0.01 level (2-tailed)

Results

Model 1 Dietary Self-Care

Demographic Variables

Income
 $\beta = 0.27$

Hispanic
 $\beta = -0.19$

Explanatory Variables

Diabetes Self-Efficacy
 $\beta = 0.29$

Dietary Barriers
 $\beta = -0.29$

Diet Self-Care
 $R^2 = 0.37***$

Diabetes diet self-care model (n = 174) with standardized betas of the significant variables in the model (***= p ≤ .001)

Results

Model 2 Medication Self-Care

Explanatory Variables

Barriers to Medication
 $\beta = -0.18$

Social Support
 $\beta = 0.17$

Medication Self-Care
 $R^2 = .15***$

Medication self-care model (n = 171) with standardized betas for the significant variables in the model (***) p = .007

Results

Model 3 Blood Glucose Monitoring

Medication Variables

Oral and Injectable Medication

$$\beta = 0.30$$

Explanatory Variables

Self-Care Self-Efficacy

$$\beta = 0.50$$

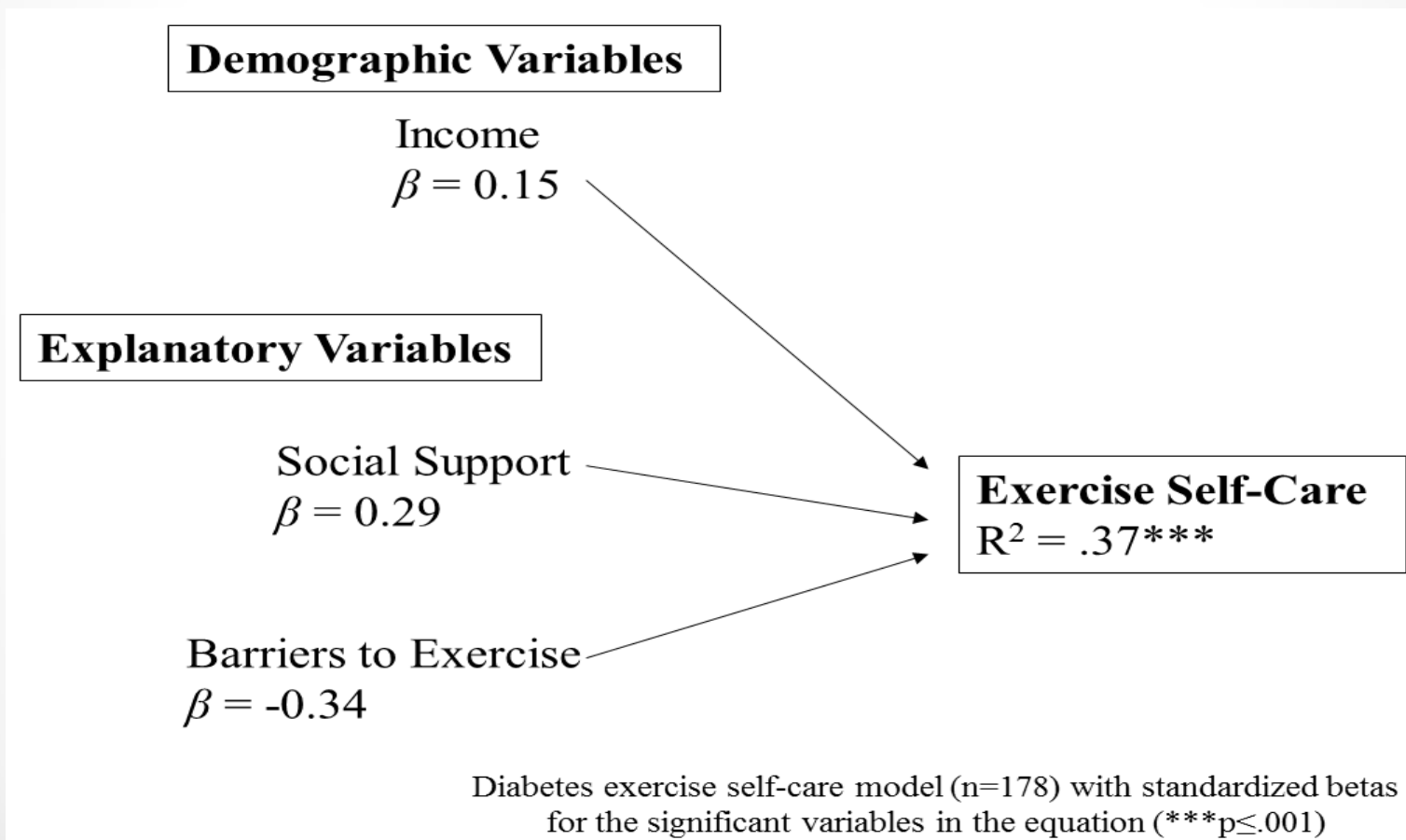
Glucose Monitoring

$$R^2 = 0.32^{***}$$

Diabetes glucose monitoring self-care (n = 175) with standardized betas of the significant variables in the model (***) $p \leq .001$

Results

Model 4 Exercise Self-Care



Results

Model 5 Diabetes Self-Care

Explanatory Variables

Self-efficacy
 $\beta = 0.75$

Social Support
 $\beta = 0.11$

Diabetes Self-Care
 $R^2 = .74^{***}$

Diabetes self-care model (n=174) with standardized betas of the significant variables in the model (***) $p \leq .001$

Discussion

- **Income positively influenced diet self-care while being Hispanic negatively influenced**
- **Contextual factors of barriers to self-care, self-efficacy and social support consistently explained diabetes self-care**
- **Outcome efficacy did not contribute to the explanation of self-care**
- **The model analyses were not affected by socially desirable responding**

Conclusion

- **This study found evidence to support all variables of interest (Barriers, Social Support for Self-Care, Self-Care Self-Efficacy, Outcome Efficacy) except one**
 - **Outcome-efficacy did not contribute to explanation of diabetes self-care in this sample**
- **Findings from this study extend the empirical evidence that concepts of self-efficacy, social support and barriers explain self-care**

Implications

- **Further exploration with samples representative of other ethnic groups**
- **Explore what interventions may improve self-efficacy**
- **Explore ways to help women develop supportive relationships**
- **Develop women's problem solving skills to minimize barriers to self-care**
- **Further examine the economic barriers to self-care, especially for minority women**