

Title:

Gender Differences in Self-Care Behaviors in Persons With Type 2 Diabetes

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References:

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Abstract Summary:

Guided by the middle-range Theory of Self-Care in Chronic Illness, this poster will describe research conducted to describe gender differences in self-care behaviors of persons with type 2 diabetes.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to describe gender differences in self-care of type 2 diabetes.	Literature review of recent research findings related to gender differences in self-care. Review of the findings of this study.
The learner will explain the Self-Care of Chronic Illness model.	Description of the model and associated relationships.

Abstract Text:

Introduction: Diabetes is a worldwide problem with 220 million individuals affected (WHO, 2012). Self-care of diabetes is integral to maintaining health and preventing costly complications. The literature is conflicting on the role of gender in diabetes self-care (Bai, Chioiu, & Chang, 2009; Cheisla, Kwan, Chun & Stryker, 2014; Chlebowy, Hood, & Lajoie, 2013; Waller & Tzeng, 2010). Before targeted interventions can be developed to improve diabetes self-care, a better understanding of the role of gender differences in specific aspects of self-care are needed. **Theoretical framework:** The middle-range Theory of Self-Care in Chronic Illness that includes concepts of self-care maintenance, self-care monitoring and self-care management guided the study (Riegel, Jaarsma, Stromberg, 2012). Self-care maintenance behaviors include health promotion and adherence to prescribed therapies. Self-care monitoring is a process of monitoring for symptoms or alterations in bodily processes. Self-care management, an active process, includes evaluation, interpretation and treatment of bodily alterations. Social support, experience, and functional ability are posited to influence self-care (Riegel, Jaarsma & Stromberg, 2012). **Methods:** Persons with diabetes from one outpatient clinic in the Northeast ($N = 187$) were enrolled in an exploratory, descriptive study. Data on demographics (clinical characteristics), and general self-care (Self-Care of Chronic Illness Scale), maintenance (0-100, > 70 adequate self-care), monitoring (0-100, > 70 adequate self-care) and management (0-100, > 70 adequate self-care) behaviors (Riegel, Lee, Dickson & Carlson, 2009) were collected. Diabetes specific self-care (revised Summary of Diabetes Self-Care Measure, 0-7, number of days per week performing behavior, Toobert, Hampson & Glasgow, 2000) data was also collected by interview during a clinic visit. Both instruments are valid and reliable. Gender differences in self-care behaviors were computed by independent t tests in SPSS 23. ANOVA analyses compared differences in self-care by gender and social support operationalized in terms of the presence or absence of a partner. **Results:** The sample of 187 adults was predominately middle-aged (58.1 ± 12.4 years), educated (13.5 ± 2.7 years of education), female (60%), Caucasian (89%), working full time (45%), with income between \$20,000- \$40,000/year (28%), and married (63%). Most frequent comorbidities were hypertension (59%), arthritis (32%) and myocardial infarction (10%). Diabetes specific self-care behaviors were performed between 2 to 5 days a week. Gender differences did not exist in frequency of adhering to a proper diet (4.17 vs 4.6, male vs female), amount of exercise (2.1 vs 2.6, male vs female), blood glucose monitoring (5.1 vs 5.3, male vs female) and foot care (3.2 vs 3.8, male vs female). Men were more likely than women to wash their feet (6.3 vs 5.5, male vs female, $t = 2.578$, $p = .011$). However, general self-care maintenance (63.2 vs 71.6, $t = -2.663$, $p = .009$, male vs female), monitoring (74.6 vs 81, $t = -2.112$, $p = .036$, male vs female) and management (67.2 vs 74.2, $t = -2.557$, $p = .011$, male vs female) scores significantly differed by gender. No significant interaction was found between gender and partnered status. **Conclusions:** Results suggest that significant gender differences exist in more general as opposed to specific diabetes self-care behaviors. Men had worse self-care maintenance, monitoring and management behaviors than women that was not explained by partnered status. Prior research suggests that social support influences self-care but this was not

supported in this study. Perhaps support from outside the home is more influential in self-care and requires further research.