



Service Priorities and Programmes
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Report of pilot empowerment program for Pakistani diabetics

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Introduction

Diabetes self-management education is to empower patients through their acquisition of diabetes knowledge, self-care practices and coping skills to make better choices and have greater control of their life¹. Group-based approaches of diabetes self-management interventions have better self-care outcomes². In many studies, minority has been identified as a risk factor not only for having Type 2 diabetes mellitus (T2DM) but for increased morbidity and mortality with the disease³. In our Diabetes Ambulatory Care Centre, we have been seeing T2DM patients from minority who showed passive participation in their diabetes self-care. Cultural difference, belief and language have been the major barriers for minority's access to the DM services³. With our Breakfast Club Model (multidisciplinary team approach) and an interpreter's help, a Pakistani Diabetic Patient Group (PDPG) was formed in July of year 2011 to study for passive participation improvement.

Objectives

Report the findings of the group-based diabetes self-management program in PDPG in a local hospital in Hong Kong.

Methodology

Pakistani diabetics were invited to join the PDPG. They met every 3 months before formal consultation. Care-providers would explain the concept of T2DM management in relation to diet, exercise and medication. In each meeting, they were encouraged to share their concerns, questions and problems. A total of six group meeting at 3-month interval have been conducted. In the last visit, we conducted a survey on their impression of this program.

Result

Eight patients completed the survey. (5 male and 3 female, mean age: 47 years old, duration of DM: 10.17 years). 60% of the Pakistani diabetics strongly agreed that the program has helped improve their diabetes knowledge, stimulate interaction among peers and with health care professionals. 50% of the diabetics strongly agreed that the program has helped improve their self-management in daily life, including exercise, medication and self-monitoring. Also they enjoyed the group activity, especially the part of diabetes knowledge enhancement and sharing of their

experience in daily life. 62.5% of the diabetics agreed that the program can enhance their dietary management. All responses from the diabetics in survey is positive and they appreciated the service we tailor-made for them according to their culture. Simultaneously, the care-providers perceived greater job satisfaction from these responses. In conclusion, the group-based program does not only improve diabetes knowledge and motivate diabetes self-management of the minority, but also enhance job satisfaction of the care-providers. In future, it is suggested to increase the variety of the program, such as exercise for weight reduction.