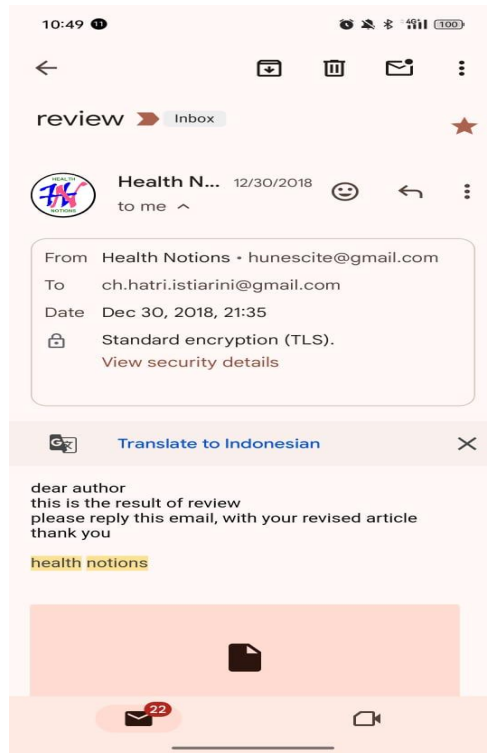


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Self-Management of Patients with Diabetes Mellitus: An Integrative Literature Review



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RESEARCH ARTICLE

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SELF-MANAGEMENT OF PATIENTS WITH DIABETES MELLITUS: AN INTEGRATIVE LITERATURE REVIEW

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Student of Doctoral Program in Nursing Faculty, Saint Paul University Philippines, ch.hatri.istiari@gmail.com

ABSTRACT
A condition where body's ability in responding insulin is decreasing or pancreas cannot produce insulin causes hyperglycemia in clients with DM. Diabetes Mellitus (DM) is chronic disease characterized by blood glucose level that exceeds the normal value. DM diagnosis is established when blood glucose meter shows plasma glucose ≥ 200 mg/dl fasting plasma glucose ≥ 126 mg/dl and plasma glucose from simple tests 2 hours after consuming 75 grams of carbohydrate (2-hour postprandial, pp ≥ 200 mg/dl). An HbA1c of 4.6 mmol/l (6.5%) is recommended as the cut off point for diagnosing diabetes, a value of less than 4.8 mmol/l (6.5%) does not exclude diabetes diagnosed using glucose meter. Indonesia is currently on the fourth rank of the largest number of people with DM after the United States, China and India.

Keywords: Self-Management, Diabetes Mellitus, Interventions of Self-Management

INTRODUCTION
Background
A condition where body's ability in responding insulin is decreasing or pancreas cannot produce insulin causes hyperglycemia in clients with DM. Diabetes Mellitus (DM) is chronic disease characterized by blood glucose level that exceeds the normal value. DM diagnosis is established when blood glucose meter shows plasma glucose ≥ 200 mg/dl fasting plasma glucose ≥ 126 mg/dl and plasma glucose from simple tests 2 hours after consuming 75 grams of carbohydrate (2-hour postprandial, pp ≥ 200 mg/dl). An HbA1c of 4.6 mmol/l (6.5%) is recommended as the cut off point for diagnosing diabetes, a value of less than 4.8 mmol/l (6.5%) does not exclude diabetes diagnosed using glucose meter. Indonesia is currently on the fourth rank of the largest number of people with DM after the United States, China and India.

Flowchart of Literature Search Performed

65 articles assessed	18 articles excluded: Not in English
47 articles assessed	16 articles excluded: Articles are not full paper
31 articles assessed	15 articles excluded: Articles before 2009
16 articles assessed	6 articles excluded: Articles are quantitative study
10 articles assessed	

Figure 1. Flowchart of Literature Search Performed

The authors define in this literature review using all proven studies of validity and reliability. The author believes that the research has been included in the journals and gets DOI (<http://doi.org/10.30605/hunescite.v0i0.a0000>) has been recorded in the bibliography. And the fourth step, data analysis, a research instrument was developed for data extraction and analysis from the included studies. The instrument comprised the following items: author,

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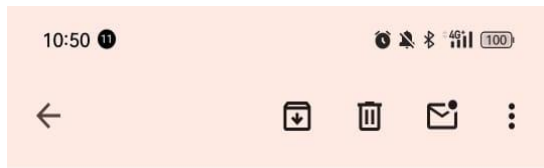
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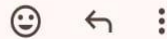
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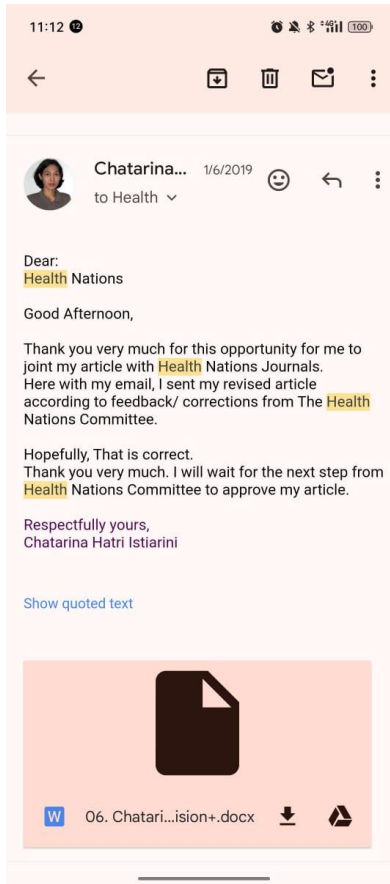
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SELF-MANAGEMENT OF PATIENTS WITH DIABETES MELLITUS: AN INTEGRATIVE LITERATURE REVIEW

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ABSTRACT

A condition where body's ability in responding insulin is decreasing or pancreas cannot produce insulin causes hyperglycemia in clients with DM. Many studies have been done related to self-management of patients with DM. Self-management of Patients with DM needed a literature study to determine the results of how study with evidence in that can be a guide in making decision in performing nursing interventions in patients with DM related self-management. The purpose of this article was to identify the evidence-based nursing practice in applying self-management in the patient with Diabetes Mellitus. A comprehensive search for primary research article was conducted in the databases MEDLINE, Biomed Central, Pub Med, and Google Scholar published from 2009-2021. There were 10 journals about self-management in patients with DM. The descriptions were found from the 10 journals, the author divided into four stages, namely about perception, education, self-care behavior, and how self-management. Self-management for DM patients was necessary in order to control the patient's illness. This happens because self-management of patients to perform self-management so as to improve the quality of life of patients with DM. Patients identify perform self-management (DM) correctly and regularly so that it will bring a good impact on the quality of life of the patient. For that we need to make the correct Standard Operating Procedure (SOP) so that the client is directed and clear instructions.

Keywords: Self-Management, Diabetes Mellitus, Intervention of Self-Management

INTRODUCTION

A condition where body's ability in responding insulin is decreasing or pancreas cannot produce insulin causes hyperglycemia in clients with DM. Diabetes Mellitus (DM) is a chronic disease characterized by blood glucose level that exceeds the normal value. DM develops if insulin is not produced or the body does not respond to plasma glucose 2.20 mg/dL during plasma glucose 2.20 mg/dL and plasma glucose from samples taken 2 hours after consuming 75 grams of carbohydrates or lower postprandial (pp) < 200 mg/dL. As DM is a chronic disease (diabetes) it is recommended as the cut-off point for diagnosing diabetes a value of less than 4.8 mg/dl postprandial (2 hours) does not exclude diabetes diagnosed using glucose tests. Diabetes is currently one of the fourth rank of high number of people with DM after the United States, China and India.

The United States has approximately 650,000 new DM cases are diagnosed each year. Based on population growth pattern, it was estimated in 2020 Indonesian DM population will be nearly as 1.7 million people over the age of 20 years and with DM prevalence approximately 4.4% with expected 12 million people.

While the results of the progression of death because of diabetes at the age group of 45-54 years was in the second rank with 14%. In the subject, DM was the sixth rank with 13%. World Health Organization (WHO) predicted increasing number of people with DM in Indonesia from 5 million in 2007 to approximately 11.7 million in 2020. The data shows an increasing number of people with DM as much as 2.3 times in 10 years. While the total population in IDN in 2017 was 250 million. Many studies have been done related to self-management of patients with DM. This is a literature study to determine the results of one study with another so that it

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can be a guide in making decisions in performing nursing interventions in patients with DM related self-management. Hopefully, it is one of looking for the newest information related to self-management.

Self-management is the process by which consulting systems will one day manage their own operation. Self-management is a low cost that will help throughout its life. It involves setting goals and managing time. Effective self-management will help to avoid stress and provide with more opportunities to get involved in. A key skill in self-management is self-regulation. Self-regulation refers to individual monitoring, controlling and directing aspects of their learning for themselves.

Purpose:

This review aims to identify the evidence based nursing practice in applying self-management of patients with Diabetes Mellitus. The researcher aim to know the basis for current research and if can be used for guidance in making decisions in performing nursing interventions in patients with diabetes related self-management. The research question is "What evidence related to the implementation of self-management of patients with diabetes patient?"

METHODS

This integrative literature review was done by reviewing the results of previous research on published articles. The steps for the integrative review used in this study were problem identification (question formulation), literature search, data evaluation, data analysis, and reporting. The central question of the integrative review was "What evidence related to the implementation of self-management of patients with diabetes patient?". This integrative literature review was developed using the preferred reported items for literature reviews and Meta-Analyses (PRISMA). A comprehensive search for primary research article was conducted in the databases MEDLINE, Biomed Central, Pub Med, and Google Scholar. For search terms used in the integrative literature review were self-management, the patient with DM. Articles published from 2009-2021 were English language.

Inclusion Criteria in the integrative literature review were articles in English, with qualitative, quantitative and quantitative or mixed methods research type, about self-management for diabetes mellitus, and published online. Exclusion Criteria in the integrative literature review were written in a language other than English, the article about self-management diabetes mellitus but not the full paper. For details, see the flowchart (Figure 1).

Records identified through database searching

- 13 articles excluded. Not in English
- 8 articles excluded
- 14 articles excluded. Articles are not full paper
- 11 articles excluded
- 15 articles excluded. Articles before 2009
- 14 articles excluded
- 6 articles excluded. Articles are quantitative study
- 10 articles excluded

Figure 1. Flowchart of Literature Search Performed

The authors declare that this literature review using all primary research of validity and reliability. The authors believe that the research has been included in the journal and peer DOI (Digital Object Identifier), has been marked in the reliability. And the fourth step, data analysis) a research instrument was developed for data extraction and analysis from the included studies. The instrument comprised the following items: author,

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Purpose: Identifying barriers to disease self-management is a critical step in achieving optimal health outcomes. One goal was to explore patient perceptions about barriers to self-management of diabetes that could potentially help explain poor health outcomes among minority patients.

Results: The focus groups confirmed the previously reported barriers to self-management presented and identified new concerns that could be associated with poor health outcomes among minority patients with diabetes. Attitudes, perceptions and barriers regarding diabetes and self-management of the condition did vary across individuals; however, the variables appeared to reflect the individual's knowledge and opinions rather than patient age, sex, or culture. The primary barrier to diabetes self-management resulted from lack of knowledge of target blood glucose and blood pressure. Several participants found some of the health information to be quite confusing.

Conclusions: Four focus groups were conducted among 11 predominantly African American patients with diabetes who were enrolled in the Baltimore Cardiovascular Partnership Study, a NIH-funded multi-year prospective partnership study. The topic guide consisted of a series of open-ended questions about knowledge of current health status, medication use, and management of one's blood glucose level and medications.

Sample Size: n = 11 predominantly African American patients with diabetes who were enrolled in the Baltimore Cardiovascular Partnership Study.

Statistical Methods: A NIH-funded multi-year prospective partnership study.

Conclusions: Members in focus groups shared concerns related to the access of target blood glucose and blood pressure further complicated the problem. The limited health literacy skills in this study could help explain barriers to self-management of diabetes. The barriers to self-management identified in this qualitative study are amenable to intervention and could improve health outcomes.

Author: Matthew R. Cauce, PhD, MPH, Dr. B. B. Baker

Purpose & Methods: Purpose: To understand the barriers to diabetes self-management specifically among women and challenges among men and women living with type 2 diabetes mellitus (T2DM). Results: Women indicated their diabetes more readily and integrated management into their daily lives, whereas men were more reluctant to tell friends and family about their diabetes and were less observant of self-management practices in social settings. Men focused on practical aspects of DDMO and experienced with various aspects of management to reduce reliance on medications whereas women focused on alternative components of DDMO. Women received food from their diet prepared and prohibited whereas many men consumed their intake of processed unhealthy foods, except in social situations. Women also typically interacted more often with educating diabetes

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