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Nurs 501: Theoretical Foundations of Advanced Nursing
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Part 1: Description of a Critical Issue

I do not remember much from when I was seven years old. I do however remember waking up from a nap on the couch one day and finding that the couch was wet. I had not wet the bed in a while, so there was no way that I would have done it. I thought that perhaps it was my older sister trying to frame me and get me in trouble. Another memory that I have from when I was seven was of me sitting in my first-grade classroom, and strategically placing myself near a crate so that I could rest my head on it during story time. I was so tired that I would do anything to sneak in a little nap during school. I did not know it, but these would be my last few days of being “normal”. The next memory that I can recall involves me in the hospital with arm boards on me to protect my IV’s. Someone was helping me to eat my dinner because my bilateral IV’s and bilateral arm boards prevented me from bending my elbows. She had to step away for a moment, so I tried to feed myself, but I could not get the fork to my mouth. That is when I began to cry. Flash forward 14 years later and I was on a plane with my two brothers flying back from Ghana. My youngest brother, who was nine-years old at the time, kept complaining of thirst. If you have ever been on an airplane, you know that the portions of water that they give you are minimal. I told him that he did not need any more water and that he could wait until we landed. At the same time, he also needed to use the bathroom more than I thought was necessary. While he was away in the tiny airplane bathroom, I recognized what was happening. He had lost weight suddenly, needed to use the bathroom more frequently and was abnormally thirsty. My little brother was going through the same thing that I had experienced 14 years prior. My younger brother, just like me, was a type 1 diabetic. We took him to the emergency department after we had landed, where we told them our suspicions. It was confirmed that he too had diabetes. A diagnosis of diabetes can have a profound impact on a child. Their whole life changes over night.
They are forced to monitor their blood glucose levels, change their diets, and inject insulin. How does this disease affect a child’s mental health? It is not something that is often thought about because when someone is diagnosed with this disease, the main focus is on management of blood sugars. Education is a major concept that must be addressed when working with children with diabetes. It is a chronic illness that can lead to many other diseases, and patients and families need to be aware of that from the beginning. Access to care also needs to be addressed when considering pediatric diabetes. There have been many advancements that have made the disease easier to manage for children and provide them with better outcomes, but many children are not able to get access to the supplies and services that they need to successfully manage their condition. Rates of diagnosis of type 1 diabetes is on the rise in children. It is estimated that rates will triple by the year 2050 (Siller et al., 2020). These issues must be addressed if we are to give our patients the best chance at living long and healthy lives.

**Part 2: Selected Theory**

Nola Pender is a nurse that pioneered the health promotion theory of nursing. She published the book called *Health Promotion in Nursing Practice* in 1982, after working on her theory for 10 years. Her inspiration for her theory stemmed from expectancy-value theory and social-cognitive theory, but with a focus on nursing (Why I Want to Be a Nurse, 2011). She has served as both a nurse researcher and an educator throughout her career. She is now faculty at Loyola University Chicago at the school of nursing (Miller). The health promotion model encourages individuals to take charge of their own health by adopting healthy lifestyle choices that will lead to positive outcomes in their future. It is derived from both nursing and behavioral sciences and should be used to help individuals attain their personal health goals (McEwen & Lewis, 2019). It requires the nurse to assess the individual’s level of readiness for change, or
where they already exist on the path to more healthy behaviors. It then provides the nurse with strategies to help the individual achieve their goals, or to help them maintain goals that they have already achieved. There are five concepts associated with the health promotion model. The first concept is the person. The person strives to create a balance between self and environment and health behaviors are shaped by life experiences and individual characteristics. The second concept is the environment. It is the external forces in an individual’s life that can be slightly manipulated by the individual to create positive outcomes. Nursing is the third concept. It is the work of collaborating with all aspects of the individual to promote optimal outcomes. Next is health. Health is not defined as the absence of illness. It is the use of human potential to change behaviors and maintain positive relationships with the self and other individuals. Illnesses is the fifth concept. It is defined as an event that happens during life that can cause an individual to make a change in their life for the worse, or better (Pender). The theory provides the nurse with 14 propositions to help shape change for an individual. These are prior behavior which looks at past belief towards health. Commitment to changing behaviors to increase health. Barriers to achieving health that an individual may recognize. The individual’s perception on whether they can achieve their goals. The more a person believes in themselves, the less barriers to change they identify. Positive belief towards a behavior results in more belief in self. When an individual views a behavior positively, they are more likely to adopt that behavior long-term. Support from significant others is key to an individual adopting change. People in the individual’s community such as family and health care workers have a great influence on whether the individual adopts change. Unexpected events in the individual’s environment may affect their ability for change. Individuals with high levels of commitment will most likely commit to a healthier lifestyle long-term. Commitment to a healthy lifestyle may waiver when an
individual has other demands in life. Skewed focus may affect commitment. And individuals can modify their own behaviors and thoughts to improve commitment to healthy goals (Pender).

This theory is applicable to diabetes care in children because by teaching children and families the importance of managing all aspects of their care when they are young, more serious health complications can be avoided in the future. Some may argue that Pender’s theory mainly focuses on illness prevention, and how can that be applicable when the population described in this paper already has an illness. While it is true that children living with diabetes do have a chronic illness, diabetes is often the precursor to many other preventable illnesses that can be avoided by applying Pender’s theory. Also, in Pender’s theory, health is not defined as the absence of illness, so Pender’s theory would still be applicable in this situation. According to Pender’s model, health promoting behavior can be implemented for all age groups (Miller). This makes the theory suitable for children with chronic illnesses such as diabetes. It also gives the nurse the avenue to teach children and families ways of coping with the stresses of diabetes when they are at home and not just when visiting the doctor. This theory helps the nurse to assess the family and the child’s level of readiness, and to implement strategies to help achieve goals that promote the optimal level of health.
This diagram shows the different components that contribute to an individual achieving health promoting behaviors. It assumes that the individual has already agreed to make changes in their lives to improve their health. It takes the individual through the steps required to implement health promoting behaviors.

Part 3: Application of Theory
A diagnosis of type 1 diabetes poses a huge challenge for children and families. They are forced to learn a new set of skills that were unnecessary to them prior to the diagnosis. They must learn to administer insulin, monitor glucose levels, and carbohydrate count. This can seem like a daunting task to many people. Not only are new skills necessary to be successful in managing diabetes, but the increased demand that is placed on a child living with diabetes can lead to mental health issues that are not always addressed. By implementing Pender’s model of health promotion (HPM), it will lead to better outcomes for these children and their families. The purpose of the HPM is to help nurses understand what determines health behaviors and allow them to use those determinants to promote a healthy lifestyle (Pender, 2011). The process must begin by implementing the key concepts of the model. First, the person would be the family and the child that has received a diagnosis. The nurse must assess the readiness of the family to make changes that will ultimately lead to a healthier lifestyle. Second, the environment is where the family lives, the level of access to care that they have, the type of foods that they have access to, and other external influences that may be present. The third concept is the nurse. It is key that the nurse assess all the concepts in relation to each other to give the family and the child the greatest chance at living successfully with diabetes. Fourth, is health. It must be recognized that health cannot be considered the absence of disease in this instance because diabetes is a lifelong disease. The nurse must work with the family to ensure that they are making choices that promote the health of the child, where they are now, despite having a diagnosis of diabetes. Fifth is illnesses. In this case, illnesses would be defined as the challenges that living with a chronic illness presents. Families must learn to cope with the often-unpredictable nature of diabetes and learn strategies to deal with the unpredictability when it arises.
To implement the HPM when teaching children and families about how to optimize their health I would start by implementing parts of the diagram from the HPM. I would first assess what the child and family see as benefits for making changes in their lives now that the child has a diagnosis of diabetes. This process would begin by assessing everyone’s knowledge on the long-term effects that poorly managed diabetes can cause, such as damage to major organ systems. I would also assess the mental toll that living with diabetes has had on the child and the family. It has been shown that children living with depression and type 1 diabetes have a lower level of tight glycemic control (Telo et al., 2018). It has also been found that the longer an individual lives with diabetes, the more at risk they are for experiencing burnout (Polonsky et al., 1995). I would ask the family what they believe the benefits of making health-conscious changes would be? Some of the answers that I would anticipate the family and the child to state would be an increased life span, less risk of developing secondary conditions such as kidney failure or blindness, and a better quality of life. I would then ask the child and family what barriers they may face in making changes. I would anticipate hearing answers such as access to the latest diabetes technology due to finances or health insurance limitations, challenges in making lifestyle modifications because it is a change from the norm for the family, and the daily challenges that come along with living diabetes such as managing fluctuating blood glucose levels and administering insulin. I would then ask questions that help me to understand their beliefs on their self-efficacy? How confident are you with managing your child’s diabetes? Do you believe that you can implement the changes needed now to prevent the serious health consequences that can stem from diabetes? Next, I would explore the feelings that they have related to the interventions that we are trying to implement. Do they feel anxious about the changes? Are they manageable? Are they excited to implement changes? Next, I would explore
the family’s interpersonal influences. Are all members of the family willing to make changes now that the child has this diagnosis? What kind of support from not only the immediate family, but also the community and the school can the family identify at this moment? Then I would assess to see if the family thinks that they can implement changes. What situations in their lives do they think may make it difficult for them to make changes to promote the health of the child that has been diagnosed with diabetes?

After the data has been gathered, the nurse can begin to implement the theory to promote health for the child. The nurse can connect the family with resources to help deal with the strain of living with diabetes. Some of these resources would include support groups, books, or even diabetes camps to allow the child to know that they are not alone. The nurse can also help facilitate counseling by licensed personnel, if they believe that child would benefit from those services. Children are becoming more and more adept with technology. The nurse can help the family and child to connect to social media pages that focus on young people with diabetes and ways that they deal with the burnout that it causes. To promote access to care, the nurse can help the family find low-cost options for diabetes supplies. They can help the family find prescription discount cards or recommend generic supplies such as syringes or test strips that are often much cheaper than brand name supplies. If samples are available, nurses can also give them to patients that would benefit the most from them. After the nurse determines what education is needed for the family to successfully manage their diabetes, they can begin to implement that education. Whether it be insulin dosing or carbohydrate counting, the nurse can help the family with these aspects of living with diabetes that are often challenging for families.

The strengths of the HPM are that it allows the nurse to individualize the care of the patient and the family. The nurse can see where the family needs the most assistance in caring
for the child with diabetes and can tailor interventions to suit the family. Another strength of the
HPM is that it allows the family and the child to take control of their health. The theory asserts
that individuals value growth in positive directions (Pender, 2011). If this is true, then the HPM
model if perfect for promoting health in children and families with diabetes, because they have
an innate desire to make changes to benefit their health. The family works together as a team to
make health lifestyle choices that will not only benefit the child but will ultimately benefit the
family as a whole. One of the weaknesses of the HPM is that it does not account for the access to
care that is necessary for people to have healthy lifestyles. In 2016, it was estimated that the per
person cost of managing diabetes was over $17,000 per year (Crossen et al., 2020). With the
continuous advent of new technology to manage diabetes, costs will most likely continue to
increase, which may make it harder for those with limited financial resources to have access to
the latest technology. Another weakness of the theory is that although it asserts that people want
to make changes to ensure healthy lifestyles, and it does address barriers that may be faced when
trying to make those changes, it does not provide any sort of advocacy, or access that would
make it easier for families to have access to the best care.

Part 4: Conclusion

Living with type 1 diabetes is not easy. It places challenges on the child and family, that
can cause extreme amounts of stress. Nurses are uniquely positioned to help families cope with
the stress and long-term effects that type 1 diabetes can cause. The HPM is perfect for helping
families identify strengths that they already possess and helping them to implement those
strengths into a lifelong state of healthy living. It begins with the nurse recognizing that each
patient and family is different, but it also allows the nurse to capitalize on those differences and
design interventions individualized to the family. It also helps the family to recognize what
barriers they may encounter when they decide to make changes. Working together, the family, the nurse, and the community can implement changes to help the child achieve an optimal level of health. The HPM could be improved by considering that a major need in promoting health is making sure that people have access to care, but it does a good job at offering solutions to other aspects that are associated with a diagnosis of diabetes. To promote the optimal level of health, changes should focus on decreasing the mental health disparities that are associated with a diagnosis of type 1 diabetes, increasing access to diabetes education, and helping families with access to care for medications and diabetes technology.
References


