

Foot Self-Monitoring Knowledge, Attitude, Practice, and Related Factors among Diabetic Patients: A Descriptive and Correlational Study in a Taiwan Teaching Hospital

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Abstract : Recurrent foot ulcers or foot amputation have a major impact on patients with diabetes mellitus (DM), medical professionals, and society. A critical procedure for foot care is foot self-monitoring. Medical professionals' understanding of patients' foot self-monitoring knowledge, attitude, and practice is beneficial for raising patients' disease awareness. This study investigated these and related factors among patients with DM through a descriptive study of the correlations. A scale for measuring the foot self-monitoring knowledge, attitude, and practice of patients with DM was used. Purposive sampling was adopted, and 100 samples were collected from the respondents' self-reports or from interviews. The statistical methods employed were an independent-sample t-test, one-way analysis of variance, Pearson correlation coefficient, and multivariate regression analysis. The findings were as follows: the respondents scored an average of 12.97 on foot self-monitoring knowledge, and the correct answer rate was 68.26%. The respondents performed relatively lower in foot health screenings and recording, and awareness of neuropathy in the foot. The respondents held a positive attitude toward self-monitoring their feet and a negative attitude toward having others check the soles of their feet. The respondents scored an average of 12.64 on foot self-monitoring practice. Their scores were lower in their frequency of self-monitoring their feet, recording their self-monitoring results, checking their pedal pulse, and examining if their soles were red immediately after taking off their shoes. Significant positive correlations were observed among foot self-monitoring knowledge, attitude, and practice. The correlation coefficient between self-monitoring knowledge and self-monitoring practice was 0.20, and that between self-monitoring attitude and self-monitoring practice was 0.44. Stepwise regression analysis revealed that the main predictive factors of the foot self-monitoring practice in patients with DM were foot self-monitoring attitude, prior experience in foot care, and an educational attainment of college or higher. These factors predicted 33% of the variance. This study concludes that patients with DM lacked foot self-monitoring practice and advises that the patients' self-monitoring abilities be evaluated first, including whether patients have poor eyesight, difficulties in bending forward due to obesity, and people who can assist them in self-monitoring. In addition, patient education should emphasize self-monitoring knowledge and practice, such as perceptions regarding the symptoms of foot neurovascular lesions, pulse monitoring methods, and new foot self-monitoring equipment. By doing so, new or recurring ulcers may be discovered in their early stages.

Keywords : diabetic foot, foot self-monitoring attitude, foot self-monitoring knowledge, foot self-monitoring practice

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