The role of diabetes-specific and generalised self-efficacy in the relationship between quality of care and self-management of diabetes

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Background

- A comprehensive understanding of variables that influence self-management is crucial to:
  - inform clinical training and practice
  - improve self-care and health outcomes
- Healthcare-related variables (e.g., quality of care; QoC) and individual level variables (e.g., self-efficacy) are known to influence self-management
- However, the inter-relationships between these variables are not well understood
- Diabetes-specific self-efficacy (DSE) relates to the confidence in self to perform diabetes-specific behaviours
- Generalised self-efficacy (GSE) refers to optimistic self-beliefs across a variety of demands

Aim

- To examine the mediating role of DSE and GSE in the relationship between perceptions of QoC from health professionals and diabetes self-management activities

Method

- Diabetes MILES – Australia was a national survey (conducted in 2011) of adults with diabetes, which focused on psychosocial and behavioural issues
- 3,338 eligible respondents took part
- Full methods are published elsewhere1, but relevant details are summarised here
- 1,524 respondents completed both the Diabetes Empowerment Scale – Short Form2 and General Self-efficacy Scale3
  - age: M=62.1±14 years
  - type 1 diabetes (T1DM): n=680
    - 404 (59.4%) women
  - type 2 diabetes (T2DM): n=944
    - 471 (49.9%) women
- Stepwise regression analyses were conducted separately for each diabetes type controlling for age, gender and diabetes duration

Results

- We examined the mediating role of DSE and GSE in the relationship between QoC and:
  - medication adherence
  - healthy eating
  - physical activity
  - self-monitoring of blood glucose (SMBG)
- These results indicate that DSE explains a significant amount of the variance in the relationship between QoC and adherence to insulin, healthy eating and physical activity for people with T1DM
  - GSE mediated the relationship between QoC and physical activity only, for people with T1DM
  - These results were not replicated for people with T2DM, or for SMBG for either diabetes type

Conclusions

- Differences observed between people with T1DM and T2DM may be explained by demographics, the type of health professional seen, and illness beliefs
- Further investigation is warranted to understand these relationships and to develop interventions targeted to the needs of people with T1DM or T2DM
- Health consultations that aim to improve DSE may enhance self-management activities among people with T1DM

References


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