PHILOSOPHY of DIABETES NURSING

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The philosophy of diabetes nursing integrates evolving scientific and social world views. Our paradigm of Man, Environment, Health, Diabetes Nurse and Diabetes Nursing have been moving from mechanistic, through holistic and now towards an ecological perspective. This perspective interlinks diabetes nursing, both in theory and in practice, with all sectors and determinants of health care, ranging from individuals and their families, to communities and whole populations.

Involving 32 local diabetes nurses in the field in 2012, we have confirmed our beliefs in:

Man (human being)

1. A person is a whole and integrated being, the whole is greater than the sum of the parts.
2. A person is unique and transforming (changing), has a multitude of needs, his/her priorities and expectations of life and capacity are individual.
3. Values, beliefs, opinions and self-determination should be considered and respected.
4. A person is a composite of physiological, psychological, sociocultural, developmental, and spiritual variables in interaction with the internal and external environment.
5. Individual recipients of care refers to the patient, his/hers family, institutions/ organizations, and the community in need of health care.
6. A person should be regarded as a member of the health care team.
7. A person is the in-charge of his/her own health and health behavior, determined by cognitive and mental function, beliefs and values, personal perception and past experience.
8. An individual has an inherent drive towards health and growth and has the self-regulatory capacity to maximize potential for health.

Environment

1. Environment refers to internal and external conditions, circumstances, and influences affecting the person and those that he/she lives and interacts with.
2. Individual persons and their environment are constantly interacting and impacting upon each other.
3. Persons and their behaviors are subject to influences from systems around them, such as the health care team and system; their financial, occupational or educational environment; social influences, the media, policies and culture. All exert influences enable or disable self-management and health.
4. Most human behavior is determined by many interacting factors, so people are contributors to, rather than sole determinants of, what happen(s) to them.
5. The nurse is not only in the environment but the nurse is the environment.

Health

1. Health and illness can coexist, it can be a reflection of adaptation, harmony, wholeness and comfort.
2. Health can be defined as the capacity to participate effectively in one's social and physical environment.
3. Health is determined by the dynamic interaction of physical, psychological, social, spiritual and environmental factors.
4. Health is a state of well-being that can be culturally (and often socially) defined, valued, and practiced.
5. Health is a continuously changing process, a synthesis of values and a way of living.
6. Health is a resource for everyday life, not the object of living. Health is a positive concept emphasizing social and personal resources as well as physical capabilities.

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Diabetes Nurse

1. Diabetes nurse is a professional nurse with specialized knowledge and skills to function autonomously in delivering diabetes care.
2. Diabetes nurse has a positive attitude and passion to care for people with diabetes, and act as an advocate on their behalfs.
3. Diabetes nurse is progressive and committed to the development of diabetes knowledge (through research), service delivery and sharing with peers.
4. Diabetes nurse partners with the patient and the health care team to help patients to live with their diabetes.
5. Diabetes nurse is a resource to facilitate problem solving and empowerment.
6. Diabetes nurse and the patient are equal and active partners in the process of care and education.

Therefore, diabetes nursing

- Is both an art and science.
- Is based upon human interaction, the goals being to promote adaptation, gain control over health and maintain wholeness.
- Ranges from prevention to care of the person based on current research and evidence.
- Combines the use of various therapeutic modalities such as education, medications, counseling, and resource mobilization.
- Involves patient education as an indispensable process to empower individuals to self-care and live with diabetes. Education helps patients to develop knowledge (and skills), attitudes, and awareness about health, needs, and goals necessary to take responsibility for their health-related decisions or to achieve their life and health related goals.
- Includes at least three major components: medical management, role management and emotion management.

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