

CHAPTER 4

DISCUSSION AND CONCLUSION

This training project for the family healthcare leaders employed a one-group pre-test and post-test design. Its objective was to provide knowledge and skills in caring for diabetic patients to a group of family healthcare leaders in the area of Khaonoi sub-district, Phuwiang district, Khon Kaen province. The training content comprised of knowledge about diabetes, social support provision skills, and uses of a record form for non-insulin independent diabetic patient care. The target participants were 36 family healthcare leaders in Khaonoi sub-district who functioned as a caretaker for non-insulin independent diabetic patients. The pre-training and post-training data were collected with 6-month interval using the questionnaires and the social support provision record form. The family healthcare leaders who participated in the project received training according to the imposed training program. After completion of the project operation, validity of the data was verified prior to the data analysis process, which determined significance of the statistical test at 0.05-confidence limit.

4.1 Conclusion of the Study Outcomes

4.1.1 Knowledge of the family healthcare leaders

After the training, it was found that there was a significant increasing in the family healthcare leaders' knowledge about diabetes and diabetic patient care for disease control verified by statistical test.

4.1.2 Attitudes of the family healthcare leaders

After the training, it was found that there was a significant increasing in the family healthcare leaders' attitudes level towards diabetes and towards being a provider of social support for diabetic patients verified by statistical test.

4.1.3 Social support provision for diabetic patients of the family healthcare leaders

After the training, it was found there was a significant increasing in the social support level for diabetic patients care from the family healthcare leaders in 3 aspects, which were emotional, informational, and instrumental supports. Statistical test showed significant improvement in correct patient care practices, for example, dietary control, exercise, medicine, skin and foot care, follow up, and prevention and basic care for the complication.

4.1.4 Social support diabetic patients received from the family healthcare leaders

It was found that after the training there was a significant an increase in the level of social support that the diabetic patients received from the family healthcare leaders in 3 aspects including emotional, information, and instrumental supports for the disease control.

4.2 Discussion

4.2.1 Knowledge of the family healthcare leaders on diabetes and diabetic patient care for the disease control

The study results indicated that there was an increase in the participant family healthcare leaders' knowledge level on diabetes and diabetic patient care for the disease control by 6 mean scores with standard deviation of 2.31 scores. The statistical test found significant difference between pre- and post-training data ($p < 0.001$). This was resulted from the training activities which comprised of group discussion sessions; presentation with illustration of various media such as visual slides; demonstration; practical session; handbook distribution and re-training sessions which were organised for the participants on a month basis to follow up with any problems encountered during diabetic patient care. Re-training session helped to improve knowledge and skills of the participants systematically throughout the course of the project enabling them to develop continuous learning process, which subsequently resulted in improvement of their knowledge levels after completion of the project operation. This

corresponded with the study result of Lindenau (1972, cited in Ninwarangkul C. et al, 1995), which stated that organising of learning and teaching activities in order to produce maximum learning benefits should allow learners to perceive through various senses such as hearing and visual senses and self-practices which enabled the learners to remember easily and for a long time. Furthermore, it was found that diabetic patients or diabetic patients' relatives who received education or training improved their knowledge levels about diabetes and self care behaviours for the disease control (Klaidee W., 1987; Poomdandin S., 1991; Duangkhumasawas S., 1991; Chomsamut K., 1992 and Ninwarangkul C. et al, 1995).

4.2.2 Attitudes of the family healthcare leaders towards being social support providers for diabetic patients

The study results found that after the training the family healthcare leaders participating in the training project developed proper and positive attitudes towards diabetes and towards being social support providers for diabetic patients with an increase of 2.78 mean scores and the standard deviation of 2.30 scores, which indicated statistically significant difference between the pre- and post-training data ($p < 0.001$). It can be said that the correct knowledge and understanding gained from the training program helped the family healthcare leaders develop positive and more correct attitudes. This corresponded to the training concept of Utoomporn (Thongutai) Jamornman (1990), which stated that training partially helped a person to change for better in terms of knowledge, attitudes, and skills. In specific case of family healthcare leaders, positive and correct attitudes could lead to proper patient care afterwards (Suwan and Suwan, 1993).

4.2.3 Social support provision for diabetic patients of the family healthcare leaders

The study result showed that after the training program the family healthcare leaders provided more social support for diabetic patients with 4.53 score increase and standard deviation of 2.86 scores (see also Table 3.3). This indicated statistically significant difference between pre- and post- training data ($p < 0.001$). It can be concluded that the knowledge and skills in providing social support for diabetic patients, the participants gained from the training program helped them in diabetic patient care for more correct and proper disease control. This corresponded to the study of Kassion and Tsamasiror (1999), which found that promotion of relationship within the family and the family members had sustainable and positive effects on development of quality of life of the patients in terms of disease control. In addition, Wanida Virakul and Thawil Leukchaipoom (1999) pointed out that the trained family healthcare leaders could function as a caretaker for the patients in the community and in the family. This concept was consistent with the principle of the Ministry of Public Health, which focused on promotion and development of family healthcare leaders' knowledge and skills necessary and appropriate for sustainable health caring of their family and community members (Khon Kaen Provincial Public Health Office, 1999). Provision of social support for diabetic patients by the family healthcare leaders should include support for dietary and medicinal intake (Murphy et al, 1994).

4.2.4 Social support reception of the diabetic patients from family healthcare leaders

It was found that after the training program the diabetic patients received social support from the family healthcare leaders in 3 aspects including emotional, informational, and instrumental support with an increase of 11.21 scores (standard deviation of 7.78 scores) (see also Table 3.5). Statistical analysis showed a significant difference between pre- and post-training data ($p < 0.001$), corresponding to the study of Wanida Virakul and Thawil Leukchaipoom (1999), which found that the trained family healthcare leaders could provide health care for their family members. The result also corresponded to the concept of Utoomporn (Thongutai) Jamornman (1990), which stated that training partially helped a trained person to change for better in terms of practical skills such as caring and providing social support for diabetic patients of the family healthcare leaders.