

CONSIDERATIONS FOR CARE OF PERSONS LIVING WITH TYPE 2 DIABETES IN A GHANAIAN HOSPITAL: LESSONS FROM HERMENEUTIC PHENOMENOLOGICAL ENQUIRY

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ABSTRACT

Diabetes is a chronic metabolic disease associated with hyperglycaemia as a result of disturbances related to carbohydrate, protein as well as fat metabolism owing to malfunctioning of the pancreas with particular reference to insulin production or secretion, action or both. Diabetes mellitus is a chronic medical disorder associated with abnormalities in glucose uptake. In Africa and Ghana in particular, it seems that diabetes mellitus is viewed as more than a biomedical disease as patients hold certain health beliefs and perceptions around the condition apart from what is known about the scientific causes and treatments of the disease. For instance, there are specific scientific treatments or protocol for diabetes which chiefly centres on medications, diet, exercise, monitoring of blood glucose and education. These routine medical care are important to enhance glycemic control of the affected persons to prevent complications associated with the disease. It is also known that based on scientific causes of diabetes, we clearly understand the scientific manifestations associated with the condition and how they are treated and managed. It has been observed that aside the rudimentary medical care and practices that are offered to diabetes patients there are held health beliefs and perceptions and similar related issues which need to be considered in the care of persons living with diabetes in Ghana. The main purpose of this study was therefore to explore factors which need to be considered in the care of individuals living with type 2 diabetes mellitus in a Ghanaian Hospital. The study employed twenty seven (27) newly diagnosed patients with type 2 diabetes mellitus between August and October 2009 at a hospital in Ghana. Through hermeneutic phenomenological approach to qualitative research, in-depth interviews were carried out in Ghanaian Twi language as well as in English. However, participants who could not speak English were interviewed in Twi and subsequently translated into the English by the investigator. The research data was analyzed using Creswell (1998) method of qualitative data enquiry. This approach provided a rich account of the important structures of the phenomenon under investigation. The findings identified to be considered in the care of type 2 diabetes patients centred on (a) traditional beliefs about the origins of diabetes mellitus (b) social connotations ascribed to diabetes mellitus (c) patients' responses/reactions to diagnosis of diabetes as well as resolution and (d) patients' perceptions/concepts of seeking cure for diabetes mellitus. These findings may offer healthcare providers a better understanding of how to manage holistically diabetes patients in Ghanaian context. In this sense it is noted that a biomedical care approach single-handedly may not enable healthcare providers to successfully manage and treat this protracted condition in Ghanaian people, nonetheless through the inclusion of an understanding of their health and illness beliefs and perceptions, the healthcare workers may understand what it is like for Ghanaian diabetes patients to live with diabetes, and how to offer them the needed support and care. This research creates a platform upon which healthcare providers may advance educational as well as informative programmes for patients living with diabetes in Ghana as well as the general Ghanaian population, to address misconceptions or inappropriate beliefs regarding diabetes in Ghana and other important programmes of diabetes care, which may take into consideration the cultural context of Ghana. The findings may be imperative for nursing education in Ghana and diaspora, because curriculum development may need

to consider these findings with regards to diabetes and other chronic conditions in general, so that nursing students will understand the social-cultural behaviours of patients during training and subsequently be able to offer appropriate and cultural sensitive care later in their professional life.

KEYWORDS: Care of Type 2 Diabetes Patients, Considerations for Diabetes Care, Diabetes and Hermeneutic Phenomenological Enquiry, Persons Living With Diabetes Mellitus