Positive Thinking Exercise as an Intervention for Reducing Feeling of Powerlessness in Individuals with Diabetes Mellitus

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Abstract

Objective: Individuals with diabetes mellitus can have psychosocial issues, such as feeling of powerlessness. The powerlessness experienced by patients includes a feeling of losing control and a feeling of living a meaningless life, which decreases their ability of thinking positively. Unresolved feeling of powerlessness can worsen a patient’s physical illness. Thus, the present case study aimed to analyze the effects of the nursing process used on a 70-year-old patient with diabetes mellitus for 20 years, who presented with stage 4 wound complication and developed signs and symptoms of feeling of powerlessness.

Methods: The patient was treated for 5 days, and his feeling of powerlessness was measured using powerlessness assessment tool for adults. The intervention involved positive thinking and affirmation exercises.

Results: The patient’s powerlessness score decreased significantly from 53 to 28.

Conclusion: The utilization of positive thinking exercises as a therapy for treating powerlessness among patients with diabetes mellitus is recommended.

Keywords: diabetes mellitus; powerlessness; powerlessness assessment tool (PAT) for adult; psychosocial

Introduction

The United Nations has revealed that 54% of the world’s population lives in urban areas¹. This number is expected to continue to increase up to 65% by 2050, with 90% of them residing in Asia and Africa. Indonesia is one of the countries in Asia with a growing number of individuals living in urban areas. In 2015, the urban population in Indonesia accounted for 54% of the total population².

The urban population is often at risk of non-communicable diseases, such as diabetes mellitus, heart disease, and cancer due to unhealthy lifestyle habits, such consumption of unhealthy food and physical inactivity. The World Health Organization has stated that non-communicable diseases, including diabetes mellitus, accounted for 70% of the world’s mortality, and by 2030, the number of inhabitants is predicted to reach 52 million³. By contrast, 1.5% of individuals presented with diabetes mellitus in Indonesia, and as many as 597 cases were reported in Bogor⁴,⁵.

Individuals with complications from diabetes mellitus may experience psychosocial problems. Patients with diabetic wounds often experience powerlessness⁶, which is the perception or feeling of having no meaning or control over the events occurring in life⁶. The Bisma Ward in Dr. H. Marzoeki Mahdi Hospital Bogor is one of the hospital wards that provides care for an inpatient with diabetes mellitus. In March 2017, 13.8% of patients treated in the Bisma Ward had diabetes mellitus⁷.

Methods

Nursing care was provided based on the nursing process, ranging from assessment, data analysis, identification of nursing diagnosis, planning, implementation, and evaluation. A 70-year-old man was treated for 5 days, and his feeling of powerlessness was measured using the powerlessness assessment tool (PAT) for adults. The intervention involved positive thinking and affirmation exercises. The patient was treated holistically, providing interventions for physical and psychosocial issues. However, the interventions mostly focused on psychosocial issues associated with the patient’s physical problems and those associated with living in urban areas. Furthermore, the gap between theory and practice as well as the outcomes of nursing care provided to the patient were analyzed.
Results and Discussion

The patient is a 70-year-old man with diabetes mellitus for 20 years, who presented with weakness as well as a swollen foot and wound on his toe and hip was treated in Dr. H. Marzoeki Mahdi Hospital. During his hospital stay, he frequently looked pensive and rarely interacted with other patients. He was a retiree who spent his entire day at his residence located in a less populated area. He was diagnosed with diabetes mellitus 20 years back, he has since been decreasing his activities due to feeling of powerlessness attributed to his condition. Thereupon, he rarely visited his doctor in the clinic and solely bought medications from the pharmacy.

The patient underwent physical examination, and his vital signs obtained were as follows: blood pressure, 120/80 mmHg; radial pulse, 90 beats per minute; respiratory rate, 17 per minute; temperature, 36.7°C; and SaO₂, 94%, and his random blood glucose level was 423 mg/dL. Swelling or enlargement of the thyroid glands and difficulty in swallowing food were not observed. His heart sound was normal, and the lung sound was vesicular.

The patient expressed feelings of weakness, inability to perform daily activities, and a decline in mobility. He relied more on his children and grandchildren and looked less cooperative in seeking treatment for his illness, dejected, and gloomy. Moreover, he avoided eye contact, looked lethargic, and talked slowly. The wound on his left toe looked swollen and reddish. However, he did not feel any pain due to moderate neuropathy from diabetes mellitus. The wound on his foot looked covered with a bandage. However, no drainage was observed.

Psychosocial assessment using PAT was performed to measure powerlessness. The PAT score of the patient was 53 with self-perception of decision-making category. The patient had psychosocial problems, such feeling of powerlessness. The PAT tool was utilized again after providing interventions, and the score decreased to 28.

In addition, the patient also often brooded over his illness. He was worried about his treatment for diabetes mellitus. That is, whether the condition could be treated or not. In relation to this, he experienced difficulty in sleeping, sadness, and loss of appetite. Moreover, he was not able to perform his usual daily activities due to feeling of weakness. His face also looked depressed and sad. He did not want to be left alone by his children or grandchildren.

The primary nursing intervention for feeling of powerlessness was provided in four sessions. During the first and second sessions, the patient was asked to discuss about exercises that promote positive thoughts and hope. During the third and fourth sessions, the patient was asked to practice controlling the feeling of powerlessness by optimizing the possible activities that can be conducted in the hospital or at his house. Before working on how to practice positive thinking and explore positive perceived hope, we tried to gain the patient’s trust. Then, an appointment was made, and we motivated the patient to convey his feelings and helped him identify his feeling of powerlessness. Shortly after, we provided positive reinforcement for any activities that the patient had completed. After all the meetings, we evaluated the efficacy of the interventions using PAT score. Result showed that PAT score after the treatment was 28. Decreased PAT score suggested that positive thinking exercise as an intervention was extremely effective in reducing the feeling of powerlessness.

A patient’s family and significant others are the source of support when undergoing treatment in a hospital ward. In this case, his family was supportive. Nevertheless, he often felt lonely even though his family was around; however, he felt relieved when his family was at his bedside and within his reach. Therefore, positive thinking exercise was considered significant and highly recommended.

In addition to treatment for psychosocial problems, some interventions related to physical problems, such as impaired skin integrity and inadequate nutrition, were also provided. To resolve impaired skin integrity, wound care intervention was provided to the patient every 2 days using evidence-based dressing techniques when applying and changing the dressing to provide comfort and to observe the process of wound healing or any signs of infection.

Conclusion

Diabetes mellitus is a non-communicable disease caused by unhealthy lifestyle. The habit of daily consumption of packs of sweet cask and tea could be one of the risk factors. Diabetes mellitus could lead to complications, such as hypoglycemia and wounds, such as that observed in B. B. presented with a wound on his foot and feeling of powerlessness. He was not able to perform his usual activities. This condition has made patients powerless in controlling their situation. Nursing care plan for a patient with feeling of powerlessness is aimed at reducing such feeling.

Several nursing interventions can be provided to help overcome feeling of powerlessness, such as helping patients’ practice positive thinking and develop positive perceived expectations and optimal ability to perform possible activities. One simple intervention with a fairly positive impact on a patient’s feeling of powerlessness is positive thinking exercise. By performing this exercise, patients can identify the negative mindset that inhibits them from performing their usual activities and can change negative thoughts into positive thoughts, which would help them face future events in life.
Acknowledgments

References