

Thesis title	Factors Predicting Hyperglycemic Preventive Behaviors Among Older Patients with Uncontrolled Diabetes Mellitus
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Abstract

The purposes of this predictive research were to explore the relationships and predicting factors between the selected factors and hyperglycemic preventive behaviors among older patients with uncontrolled diabetes mellitus. The samples were 140 older diabetes patients registered at the Diabetes Clinic of Phachee Hospital, Ayuttaya Province. The inclusion criterion was to obtain fasting plasma glucose > 140 mg/dl 2 times or more within 6 months. The samples were drawn from the patient list using a multi-stage cluster sampling.

Questionnaires were used, which comprised 3 parts: demographic data, selected factors regarding hyperglycemic behaviors, and hyperglycemic preventive behaviors. The questionnaire was validated by experts and through pretesting with 30 older patients with diabetes. The reliability was reasonable, demonstrating a Cronbach alpha for the perceived susceptibility, perceived severity, perceived benefit, perceived barrier, cue to action and the hyperglycemic preventive behaviors at .69, .73, .36, .76, .84 and .76, respectively. Data analysis employed frequencies, percentages, means, standard deviations and a multiple linear regression analysis. The research findings can be summarized as follows:

- 1) The overall score of the hyperglycemic preventive behaviors was at a moderate level.

2) There was a significant relationship between all selected factors and hyperglycemic preventive behaviors. The multiple correlation coefficients was .509, which was found to be significant at the .01 level. It also showed that overall selected factors were able to predict hyperglycemic preventive behaviors at about 25.9 percent ($R^2 = .259$) at the .01 level.

3) The selected factors were found to be predicting factors: cues to action, perceived benefits of hyperglycemic preventive behaviors and income. These selected factors were able to predict hyperglycemic preventive behaviors at regression coefficient of (β) .376, .231 and -.187, which obtained a p-value at .01, .05 and .05, respectively.

Conclusion: the findings suggest that health services for elderly patients with uncontrolled diabetes mellitus should be modified to help them to gain the perceived benefits of hyperglycemic preventive behaviors and also to support them by organizing follow-up appointments continuously. Doctors and nurses should pay more attention on providing care with good relationships, meeting at convenient places and encouraging families to support them.