



CHAPTER 4

Discussion and Conclusion

Discussion

From this study, health education program using group process in DM clinic, Patiu Hospital. After intervention, It was found that the experimental group significantly increased their knowledge and self-care behavior. This was effected to decrease their FBS level. The researcher would like to discussion as follow:

1. This may be the group process lead to participatory learning, promoting experience, creating of health promotion, changing behaviors thought making them to decide for practice of self-care behavior to their aim. This is according to the health promotion using group process (nursing division, 1998).

2. Group process lead to 2 basic development, there are:

2.1 Relationship development between leader and member group.

2.2 Participatory learning and practical to conduct problem-solving.

3. The health education program used by the group process sets objectives, content, teaching activity and materials throughout the plan evaluation. This helps the participants to be better educated. The health education program consists of general objectives. These are understanding the causes of DM, cure, complications and self-care for preventing complication. The specific objective was that participants can learn about self-care in terms of food control, drug taking and correct health care. After teaching, they had an opportunity to improve their knowledge and experiences about food control, exercise, drug taking and general health care. The researcher are the connecting agents of their thinking and to give correct information. Using this teaching by group process, the researcher provided easy content to each subject individually. Additionally, researcher had video material to help them teach. This made the system

better able to make difficult things easier to understand and help provide more explicit information learning by using different media to make the process interesting and challenging. The participants could understand the information easily. Teaching consisting of pictures will be important for learning and better understanding, remembering the story, helping to think critically and meaningful (Vivissira, Cheansri, 1992).

Additionally, the researcher had a good relationships with the participants. The group members who joined had the same disease and had similar problems. After the video ended, they talked about the issues that were not clear, with the researcher as a group leader. The researcher guided the group and provided the correct data. Interaction of members while teaching is important, in order to know the member's responses (Somjith sripunt cite in sunee Sawangdacharux, 1990). Interactions between members and researchers are factors that help the sample group learn better, because the member participates directly in learning and receives an evaluation from the member group and the researchers. This made the patient understand more easily. The member could take this information and put it into practice correctly.

4. This may be the result of the health education program which focused on self-care behavior. After each health education program, the participants were asked to try out the practices for 2 weeks and came back to discuss in the next meeting. If the participants experienced any problem, the group members would help to resolve the problems.

In addition, the researchers demonstrated exercises such as joint activity. Exercise could promote a feeling of well-being and improve the tissue sensitivity to insulin. An example of exercise would be to walk for 15 minutes each day.

For the reasons above, the participants learned self-care skill. Supatra Pumdeandin (1991) studied group teaching plan and found that the patients who received group teaching plan had better knowledge and self-care than other groups.

In addition, knowledge is important to be understood, occurs power force to practice because having correct knowledge make to know practice and can practice. Therefore knowledge and practice are related one another (Fabiya, 1985), particularly illness knowledge is an important factor to facilitate a cure (Tuglicozzo and Ima, 1970). So that the patient knows much about self-illness and cure plan, he/she can cooperate more in practice according to the cure plan. (Todd, 1981).

The reason above is providing knowledge of illness to the patients. This help the patient to understand and has the power to force the patients to practice according to the cure plan, so it makes the patients have better self-care behavior. This is according to the study of Arporn Ratanawijith (1990). She studied about the effect of group process on knowledge to reduce body weight. After the experiment, it was found that the experimental group statistically significant more correct behavior than the control group ($p < 0.05$). Similarly, the study of Wichai Pukpolgam (1993) found that after nutrition health education by group process, the sample group had statistically significant behavior and exercise. ($P < 0.05$).

5. This may be the result of the health education program, the participants received knowledge, understood and were appreciated the value of self-care. This drives force to continuous self-care practice, through they can adapt their self-care according to life style and determine any problem correct and continuously. Its effected the control of FBS.

Orem (1991) said that the self-care efficiency of people will be having quality, when they self-care continuously. They will be healthy. That is according to

study of Raz et al (1988). They developed health education and self – care promotion project by performed in small group activity. The FBS and Hba_{1c} decrease statistically significant at the end of the program.

This research could be concluded that the effect of health education using group process in poorly control BS of NIDDM, the participants increase their knowledge, and correct practice of self- care behavior .

6. Group process is one only alternative to provide knowledge . there are other method for health education.

7. The limit of this study , age of the participants rang 40- 60 year old . they are adults and they could adapt the life style to join the group process. So it made this study achieved objective and expected outcome.

Conclusion

This research could be concluded that the effect of health education using group process in poorly control BS of NIDDM, the participants increase their knowledge, correct practice of self- care behavior and decrease their FBS level. The details as follow :

1. Personal data

The participants had similar characteristics. Most participants were female. The average age was between 51 and 55 years old. Their education was primary school and most occupation was agriculture. Their average income was less 1,000 bath per month. Most participants cannot support themselves for the hospital fee. However, they were all accepted free of charge for the hospital payment.

2. DM knowledge

It was found that the experimental group significantly increased their knowledge at the end of the process. When compared with the control group, it was

found that the experimental group increased in knowledge more than the control group did.

3. self – care behavior

It was found that the experimental group significantly increased their self-care behavior at the end of the process. When compared with the control group, it was found that the experimental group increased in self-care behavior more than the control group did.

4. Fasting Blood Sugar

The experimental group significantly decreased their fasting blood sugar when compared to the control group.