

SOCIOLOGICAL EVALUATION AND MANAGEMENT OF DIABETIC FOOT PATIENTS

Asisst Prof. Dr. Kaya AĞIN

Erzincan Binali Yıldırım University, Erzincan Vocational High School,
kagin@erzincan.edu.tr
Erzincan / Turkey
ORCID: 0000-0003-2783-5334

ABSTRACT

Objectives: In this study, the problems, attitudes and behaviors of diabetic foot patients were examined and evaluated in terms of sociology and management science. Diabetic foot disease is a serious chronic disease with a difficult life-supply process for sick individuals and a high cost for the family and society. The financial burden of these costs on the national health system and the family of the individual is quite high. It has been observed that there is no subjective study in the examination of national and international resources on the management of these costs. One of the most frightening complications in diabetic foot disease is amputation.

Method: Diabetic foot diseases cause many negativities in the life processes of sick individuals and reduce the individual's potential to adapt to social and cultural life. This process will be a chaotic life cycle for the patient and his family. This situation, the thought of a tragic future, puts him and his family in a spiral of economic and psychological problems. The patient is exposed to psychological, pathological and sociological problems through this process. It is possible to state that there are universal principles of health management for ethnic and cultural formations living in the world (Kızılcelik, 1996:69). In this context, sociology of health examines people's attitudes and behaviors against diseases, socio-cultural and economic reasons of patients. It deals with the social class relations with the disease, demographic structure, many factors such as poverty, divorce, unemployment and death, and the relations with the relatives of the patients (Kızılcelik, 1996:70).

Result: Sociology explores the meanings and causes behind human behavior. Health sociology, on the other hand, analyzes the relationship between the socio-cultural life of people and the disease, the response to diseases and health policies. The concepts of illness and health are closely related to the society in which people live. In this study, it was aimed to bring the life cycle of diabetic foot patients to a livable state and to increase their quality of life. Preventive health practices and developments in public health are important in the development of health sociology. The solution of the problems of diabetic foot diseases should be considered together within the framework of sociology and management science.

Keywords: Diabetic Foot, Sociology, Management.

1. ENTRY

Diabetic foot diseases create an additional economic burden on the patient, trauma and physical activity disorders, psychological disorders, family and health system (VGNF, 2019). Diabetic foot disease creates additional costs in health management (Boyko&Seeding, 2018:40). In diabetic foot disease, there are long-term restrictions on the individual's roles and behaviors in social and cultural areas, as well as the negative variables that occur in the life cycle of the individual. For this reason, the sick individual gradually decreases the rate of adaptation to social and social life (Armstrong, 2017:2367-2375). This situation forces the national health administration to a reformist change in the context of administration. The current health management model falls short of solving these problems. Diabetic foot disease is not a tragic process for the patient and his family, but financial and moral destruction for the family (Jeffcoate, 1993:676-679). Adaptation of the patient to social life is the biggest problem in diabetic foot disease. This situation is psychological in terms of the individual patient; constitutes the spiral of sociological problems in terms of society. Health sociology deals with the causes of illness and social phenomena in health, it is a sub-discipline of sociology. Health and disease are not only the subject of medical science, but also the subject of sociology (Cihangiroğlu, 2001:47; Adak, 2002:79). In order to solve these problems, new strategies and modern management approaches should be put into practice.

2. METHODS and FINDINGS

In this study, the data obtained from domestic and foreign literature reviews were evaluated and analyzed in terms of sociology and management science of the problems of diabetic life diseases. As a result of the research, it has been seen that previous studies on this subject have been done separately, but there has not been a very specific study on the solution of the problems of diabetic foot disease. In this study, the problems of diabetic foot patients are systematically discussed in terms of sociological and management science. First of all, a research and evaluation was made in terms of sociology and management science, how to increase and manage the quality of life of the individual in the life cycle of diabetic foot patients.

2.1. Relationship Between Diabetic Foot Disease and Sociology

Sociology is a science that researches, examines and interprets society and social realities. It examines societies, cultures and human relations with cause-effect relationships. Sociology puts effort into solving these problems (Avcı, 2018:94-101). Health sociology investigates the perception of patients in socio-cultural life and the relations between patients and society. Sociology of health is a new discipline that studies disease and health, responses to illness and their policies. The concepts of illness and health are closely related to the society to which they belong. As a member of the society and community culture, the patient's perception of the disease and his reactions to it show cultural differences (Güven, 2014:130-140; Özen, 1993:73-88). The reactions of diabetic foot patients to the disease are related to each other in terms of socio-economic and cultural factors (Aytaç and Kurttaş, 2015:231-251).

Family ties, sufficient or insufficient economic power of the family, high professional career and social status are important factors for diabetic foot patients to experience stress and psychological trauma (Bingöl, 2017:159-172). The gradual development of social medicine has been seen as a positive factor in the patient's adaptation to social harmony and leading a healthy life. Sociology investigates the motives, meanings and reasons behind human behavior. Health sociology, on the other hand, investigates health and disease, responses to these diseases, and health expenditures with the socio-cultural system. The sociology of health is concerned with the social and cultural aspects of medical care, the organization and management of medical practice. In this study, problems such as lack of care and low quality of life in diabetic foot patients were evaluated in terms of sociological and management science.

2.2. The Relationship Between Diabetic Foot Disease and Management

Diabetic foot disease, which is one of the chronic diseases, is a chronic disease that reduces the physical and life activities of the patient, limits the life cycle, and makes medical supervision and intervention continuous. This process creates a great burden on national health management expenditures (Benziger & Moran, 2016:395). During the disease process, it has been seen that the patient's ability to continue his life and manage the disease himself is very effective in reducing the symptoms of the disease (Garcia, 2019:322). In order for the patients to lead a better quality of life, they should initially comply with the treatment processes and continue the treatment with self-management. This will minimize the costs of diseases (Bodenheimer, 1999:1203). Early diagnosis of this disease and periodic follow-up of the patient is required. Psychological and educational support should be provided to the patient. The patient should be treated in the context of a modern management approach so that he does not experience functional losses, and the patient should help the cat treatment with self-management.

2.3. What is the Disease?

The World Health Organization (WHO) has defined health as a state of complete physical, social and mental well-being. The prevailing view in sociological approaches to ailments and diseases is that being sick is essentially a state of social relations rather than a disorder in the bio-chemical functioning of the organism. Sociology tries to explain the social causes of the state of illness, the character of the state of illness as a social role, and people's reactions to the state of illness through emotions, language, and social actions (Turner, 2011:49).

2.4. Diabetes: It is expressed as a disease that leads to deterioration in carbohydrate, protein and fat metabolism due to decreased insulin hormone secretion or tissue response to insulin (Kılıç & Urgan, 2021). Foot infections are an important cause of morbidity and mortality in diabetic patients. So much so that at least 20% of diabetic patients' hospital admissions are caused by foot problems (Ertuğrul, 2021:23-25). In fact, "every 30 seconds, there is a loss of foot in every 30 seconds due to the foot complication of diabetes all over the world" (Ertuğrul, 2021:30).

2.5. Experiences of Diabetic Foot Patients

Diabetic foot is the name given to chronic wounds that occur on the foot as a result of a long-term illness of the person with diabetes or if the sugar level is not controlled. Sociology focuses specifically on the experience of illness while examining the phenomena of illness and health. He conceptualizes illness as a "lived experience". Illness experience covers the process from the first moment when the symptoms of the disease are perceived until the return to normal life or death (Giddens, 2013:73).

2.6. Life Quality

Diabetic foot disease experience brings with it many problems. One of these problems is the formation of wounds on the feet and the physical activity problems of the patient while continuing his life with pain. Quality of life primarily includes housing, economic and education level, and appropriate environmental conditions. Psychological factors such as life satisfaction, happiness and well-being also determine the quality of life. At the same time, values, individual experiences and how the whole life is perceived are indicators that express the quality of life (Bowling, 2004:7).

Diabetic foot disease is one of the main reasons that reduces an individual's quality of life. Economic expenditures made for treatment purposes during the disease process cause loss of financial resources. The disease affects the individual negatively, disrupts the perception of life and reduces the level of well-being. In summary, diabetic foot disease reduces the quality of life of patients by consuming subjective and objective resources.

2.7. Patient Role

One of the concepts used when examining the experiences of diabetic foot patients is the concept of patient role. In sociological theory, illness is expressed as a type of deviation. According to Talcott Parsons, illness is a type of deviant behavior just like crime, illness is dysfunction. Because when the individual is sick, he cannot fulfill the roles and behaviors expected from him. Parsons states that the sick role has four characteristics: The sick individual is exempt from the expected social roles and responsibilities. Because he is sick, he cannot fulfill his roles and responsibilities. The patient is not personally responsible for his condition. In order to maintain the functioning of the system, the patient should want to be healed. Instead of healing on his own, the patient should enter the treatment process by getting help from specialists (Parsons, 1991).

Parsons developed the concept of the patient role in order to describe the behavioral patterns that patients adopt in order to minimize the devastating effects of the disease (Giddens, 2013, 310). At the same time, “the sick role is that people who are sick display behavioral patterns suitable for the disease” (Macionis, 2013: 557).

Parsons emphasizes a set of social expectations, such as how society should care for the sick individual and how people should behave when they are sick. It shows doctors as the representatives of defining the disease and providing social control (Weitz, 2007:110).

When we evaluate diabetic foot disease through the role of the patient, we take into account the rights and obligations of patients as well as how doctors should behave. In this context, the patient's desire for recovery and communication with healthcare professionals and their compliance with the treatment process appear as obligations. On the other hand, the patient may have difficulty walking due to diabetic foot disease; may suffer from pain, his foot may be amputated with a surgical operation.

2.8. Medicalization

One of the concepts used when evaluating the illness experience from a sociological perspective is the concept of medicalization. Medicalization is definition in its most general sense. It is the process of defining non-medical events, situations or objects using the concepts of medicine (Sezgin, 2011:45). Medicalization is “the process of treating and defining non-medical problems, generally in terms of discomfort and disease, as medical problems” (Conrad, 2007:65).

Foods whose weight is calculated, clothes that do not sweat, orthopedic shoes, healthy cities, etc. all are examples of medicalization. It is important for diabetic foot patients to take extreme care in the selection of shoes and socks in terms of treatment and management of the disease. Socks must be seamless, woolen or cotton. At the same time, socks should not be large and should be changed every day. Socks should be washed with detergents that do not contain too many chemicals and do not irritate the body. Pointed toe and high heels should be avoided when choosing shoes. Flip-flops should not be worn. Shoes made of soft leather or cloth should be worn. These suggestions about shoes and socks are examples of medicalization.

Dietary practices as well as shoes and socks preferences of diabetic foot patients are examples of medicalization. The most effective way to manage diabetic foot infections is a team approach that includes the patient in medical and surgical treatment. Accordingly, patients and their relatives should build their daily lives in accordance with the prescription recommended by the doctors. Nutrition practices applied during the treatment of diet or disease are one of the most concrete examples of the medicalization of daily life.

Malnutrition can increase wounds on the feet. Adequate and balanced eating habits increase life expectancy and quality of life. In this context, individuals with diabetes should receive sufficient energy and all nutrients through personalized diet programs. They should consume carbohydrate foods such as whole grain cereals, bread, legumes, vegetables, fruits, milk and dairy products.

Calculating and consuming these products according to the current state of the patient is the medicalization process. In summary, the diet program recommended by physicians is an example of medicalization.

2.9. Stamp

Stigma is one of the basic concepts used when examining the experience of illness. The pioneer of stigma theory is Erving Goffman. He expresses the "discredited attributes" that prevent or affect the presentation of the self in daily life with the concept of stigma. According to Goffman, there are three types of stamps. These are: physical deformations, weak will or unnatural passions, and ethnological stigmas inherited (2014: 33).

Diabetic foot disease makes it difficult for people to walk, causes physical problems and even causes amputation with a surgical operation. Conditions such as gait disturbances or disability and amputation experienced by patients cause their stigmatization, it is a type of physical stigma. As a result of treatment practices such as physical ailments or amputation of the foot, patients are defined as "lame" by their social circles. These physical stigmas reduce the value patients should see in their social environment and exclude them from social activities. Physical stigma causes the patient to be excluded from the social environment.

2.10. Disability

Disability is one of the experiences that diabetic foot patients can face. In sociological theory, disability is "the situation in which individuals, who experience the disadvantageous situation created by activity limitation, are ignored by social organizations or seen as little attention, and these people are kept away from the necessary participation in entering social life and maintaining their social activities" (Sağlam, 2018:35). Loss of function in the feet or amputation of the foot by surgical operation can cause disability.

Disability, in sociological theory, is that individuals with physical disabilities are given little or no consideration by society, and are excluded from participation in social activities. In this context, it is necessary to act with a multidisciplinary approach and a holistic perspective for the management of diabetic foot disease. Accordingly, it is necessary for physicians, architects and local administrators to consider the obstacles that patients may encounter in social life and to make urban planning in order to overcome the disability problem and to participate in the social life of the patients. Healthy cities not only ensure the physical and psychological well-being of individuals, but also ensure the well-being of their entire environment. Increasing healthy cities is a solution for the physical and emotional well-being of diabetic foot patients.

2.11. Chronic Diseases

Chronic diseases refer to long-term health disorders that interfere with human role performance and social interaction. Diabetic foot disease is a chronic disease because it requires long-term treatment. Chronic diseases include long-term treatment, permanent disability, need for improvement and continuity.

According to Charmaz, men are more affected than women in experiencing chronic diseases. Men experience identity dilemmas while experiencing chronic diseases. While experiencing identity dilemmas, the sick individual has to lose valuable features, physical activities, social roles, and valuable identities (Charmaz, 1994: 269). In this context, it is an example of identity dilemma that diabetic foot patients lose their physical functions and especially men lose the power and authority that creates their masculine identity during the disease process.

3. CONCLUSION

Periodic monitoring of the treatment and controls of diabetic foot patients is important in increasing the quality of life of the individual. Monitoring of patient treatment will be possible with the application of modern management processes. When the anxiety levels of the patient are evaluated sociologically, the inadequacy of social support resources reduces the adaptation of the patient to the disease process. It is understood that the behavior patterns of the patients in their life cycle are inadequate to adapt to the social socio-cultural system (Güven&Küçük, 2018: 130-140). This process should be maintained with a modern management model and the patient should be supported by self-management of this process.

When the life cycles of the patients are examined sociologically, it is understood that the sick members of the families with high economic income and education levels do their physical activities better and experience less psychological traumas (Güven & Küçük, 2018:130-140). Patients need to be empowered economically and socially with public support. Educational programs, social cohesion and self-confidence strategies should be created to improve the individual's nutritional habits and life cycle. A national diabetic foot management system should be established within the framework of health management. This system should be one of the contemporary management models integrated into the national health system. Thus, with this management model, the problems of diabetic foot patients will be solved and the increasing input costs of the national health system will decrease.

In today's Turkey, there is an urgent need for a modern management approach that will make the national health system more visionary and more productive in the treatment of diabetic foot disease. Appropriate and radical steps should be taken in our country, both sociologically and in terms of better management of the disease, in order to increase the quality of life of patients with diabetes and to maintain their lives better.

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