Fears of therapy aggravation, secondary diseases, loss of self-determination or integration

At least maintain the status quo and improve health if possible

Patient has to cope with his illness on his own, for this he needs knowledge

Fear of serious blood sugar imbalances

Reducing the risk of hypoglycaemia

Worries of the relatives

To have a good disease management in order to experience few restrictions in everyday life

Better quality of life through compliance

Emotional or practical support; backing

Social support from the family

causal condition

context

Inadequate supply of measuring strips is an obstacle to learning.

Much initiative of the affected persons themselves demanded.

In the perception of those affected, the statutory health insurance funds provide only little support.

There are training courses in a wide variety of forms.

Weighing quality of life against quantity.

The routine checks by the various doctors and training courses cost the patients a lot of time.Zeit

Working people with diabetes may have difficulty meeting all training deadlines.

The distribution of blood glucose meters creates a need for self-monitoring of the blood glucose levels of the persons concerned, which is not countered by an offer borne by the statutory health insurance.

Medical rehabilitation as a preparatory and supporting measure for life with T2DM

Learning to shape life

The cause of the disease is more likely to be genetics or external circumstances; the course and severity of the disease can only be influenced to a limited extent.

Despite great efforts not always be successful.

Difficulties in maintaining motivation when illness causes problems.

The doctor must support the patient's wish for medical rehabilitation and the payer must approve the measure.

Internal locus of control; high self-efficacy

Interpretation of one's own leeway in dealing with the disease.

Implementation of the recommendations from the training (partial).

Very faithful implementation of the recommendations.

Measure less than subjectively felt necessary.

The extent to which behavioural changes are implemented is not entirely clear.

Perceive control appointments and thus have certainty that nothing bad is happening at the moment.

Don't attach too much importance to the disease (if no impairments are felt).

Living with your own set of rules and objectives.

Shaping life and dealing calmly with the illness (compensating for unrecommended behaviour).

Living with diabetes remains a difficult area

Living with prohibitions

Under certain circumstances, slower learning by working people

Feeling a lack of controllability when measurements are not possible can result in a bad conscience.

Patients have a clear idea of what should be achieved in rehabilitation. If they are not allowed to go to rehab, this hampers their learning.

Information alone does not change behaviour.

Competences in self-management acquired

Good disease management is possible

Competent patient who is not significantly restricted by the disease

action strategy

consequence

intervening condition