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Study of Applying the Group Theory to the Diabetes Mellitus Group

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ABSTRACT

This project applies the " group theory " and goes through the group process and group dynamic to help the patients with Diabetes Mellitus. In this project, nurse is as a group leader or group therapist who help patients to maintain their health in a good condition.

After applying the group theory and going through the group interaction,the members in the Diabetes Mellitus Group are not only share other members' experiences, but also have certain understanding about the causes and control of Diabetes Mellitus. Then, they can also take some actions and apply what they have learned to their daily life. This can be proved by checking for both body weight and blood sugar condition of six members.

Key words: group theory, diabetes mellitus, non-insulin dependent.

Diabetes Mellitus (DM) is a long-term illness that affects 2 % of Chinese and occurring with greater prevalence after the age of 45[1]. It is the 7th leading cause of death in Taiwan[2], and may bring to some complications, and results in a shorter life span than persons in the general population.

Diabetes Mellitus can be controlled by regulating the diet,exercise and taking insulin or oral hypoglycemic agents. The degree of control should be the optimal level that can be reasonably maintained considering the life style of the person with diabetes mellitus. The degree to which the individual participates in control of the disease depend on how well he has adapted emotionally to having diabetes mellitus, his knowledge of the disease,and his motivations to pursue control measures[3].

I found, if nurse might choose to operate as a group leader or group therapist, apply the " group theory " through the group process and group dynamic, it might help patients to maintain a good health condition.

PURPOSE

The purpose of this project are:

1 To enable patients to gain greater knowl-

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edge and skills of diabetic self-management.

2 To provide reassurance and support through interpersonal contact in a DM group.

3 To decrease patients's sense of loneliness and feeling of isolation with their specific problem by modifying their feelings of powerlessness and hopelessness.

4 To facilitate the opportunity for patients to try their viewpoint, obtain more successful communication patterns with others.

5 To provide a safe environment where patients can openly share their concerns and learn from the experiences of others in a DM group.

THEORETICAL FRAMEWORK

Coping with diabetes is a full-time job, 7 days per week, 52 weeks per year. One cannot take a vacation from diabetes without risking at least temporary health impairment. So my framework was focused on "coping with DM" , and applied the "group theory", gone through the "group process and group dynamic " to help the patients (see Figure 1)[4,5].

1. Physiologic needs

In the healthy person, his (her) body's energy and metabolism demands are automatically provided by internal homeostatic mechanisms . In the diabetic person, the internal, automatic mechanisms for carbohydrate, protein, and fat metabolism are impaired with the degree of impairment ranging from mild to very severe[4]. Some one just have mild hyperglycemia, but others may be persistent hyperglycemia, and plunge then into diabetic ketoacidosis, when that happens,the patient may have many health problems, and may developed a lot of complications[6,7] .

2 . Psychosocial needs

Psychologic stress is begun with the diagnosis of diabetes and continued throughout life . After diagnosis, patients soon begin to realize that they have an incurable disease that will require for many drastic changes in daily lifestyle and health behaviors. They also recognize that they are at high risk for many serious complications, including heart and kidney disease, neuropathy, and visual impairment[4] . Mazze and associates in a study of 84 insulin dependent diabetic patients found a significant relationship between metabolic control and anxiety, that good glucose control was associated with

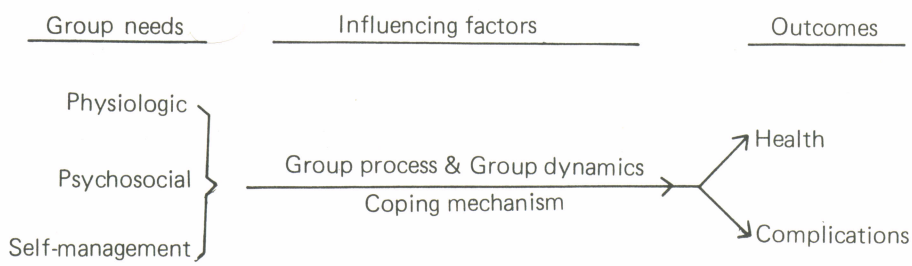

Figure 1. Theoretical framework of Nursing Intervention with DM Group

improvement in anxiety or depression[8] . Lazarus and Folkman, two theorists who view coping as a process, define psychologic stress as "a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being" . They define the coping process as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal stressors that are appraised as taxing or exceeding the resources of the person[9].

Previously healthy adults may feel vulnerable to illness and disability for the first time in their lives. Developmental transitions and normal life events in adulthood provide enough adaptation challenges for most people. The addition of diabetes can significantly increase the stresses of personal and family life, the work setting,personal decision making, and even recreational and vacation plans .Worry, fear and guilt are not uncommon responses to the implications of diabetes--major lifestyle changes and the drastic complications that may occur if "good health behavior is not forthcoming"[4].

3 . Self-management

Both types of diabetic patients require lifestyle and health behaviors that are aimed at blood glucose normalization, preventing short-term illness and long-term complications, and providing total health maintenance . A diabetic person, however, will need to engage in problem-solving to decide on an appropriate behavior response in medication, food intake and exercise, which is ideally based on glucose monitoring for these and many other daily events. The ability to select the best solutions and act on them, and the ability to evaluate and revise solutions as needed. Normal glucose levels are attained through three self-management components : diet, exercise and medication. So, effective self-management by DM patients are essential to successful manage of the illness and avoidance of the progression and exacerbation of symptoms[5].

METHODOLOGY

I.Select a DM group

In this group, I was a group leader,nead-nurse was a co-leader.We had 6 members, they were belong to non-insulin dependent patients. There were 2 male patients and 4 female patients. Their age were 31,50, 55, 57, 57, and 62 years old. Their individual data were as follows:

Member A

Name : Chen, X X

Age : 57

Sex : Male

BL : 167 cm

BW : 63 Kgs

Blood sugar : AC/PC : 266/370 mg %

Member B

Name : Chen Wang, X X

Age : 62

Sez : Female

BL : 145 cm

BW : 48.5 Kgs

Blood sugar : AC/PC : 173/271 mg %

Member C

Name : Lin Wu, X X

Age : 50

Sex : Female

BL : 156 cm

BW : 67.5 Kgs

Blood sugar : AC/PC : 184/186 mg %

Member D

Name : Chen, X X

Age : 31

Sex : Male

BL : 160 cm

BW : 55 Kgs

Blood sugar : AC/PC : 90/110 mg %

Member E

Name : Wang, X X

Age : 57

Sex : Female

BL : 157.5 cm

BW : 53 Kgs

Blood sugar : AC/PC : 212/401 mg %

Member F

Name : Yei, X X

Age : 55

Sex : Female

BL : 157.5 cm

BW : 58 Kgs

Blood sugar : AC/PC : 197/258 mg %

2.Preparation for the group

(1).Preparation of the members

a.Before the group meeting, the leader found out the volunteers,estimated their common needs from the conversation with each of them,and decided the topic for the group instruction and discussion in advance.

b.Each member was informed the essence of the group meeting in advance and made the following agreement as the group norms:

* * The group teaching and discussion should be held once a week,1.5 to 2 hours each time and totally 4 sessions within the one month period.

* * It should be held at the same time and the same place each time.

* * The members are not allowed to reveal the conversation within the group and the behavior of each person at places other than the group.

(2).The selection of the record sheet

a.Group leader questionnaire (see the appendix 1)[10]

The leader filled out the questionnaire in a very detail each time after the group discussion, in order to make it the basis for any futher analysis and data collection.

b.Checklist (see the appendix 2)[11]

During the group discussion the co-leader recorded the participation condition of each member.

3 . Identify the DM group's needs

A group needs assessment of each member should be completed. I found they have a same needs, they want to learn " how to manage their physiologic and psychologic problems, and how to self-manage about their DM " . So, I assess their needs and identify a teaching program of DM group's needs as follow (see table 1) .

4 . Group process

(1).Beginning---first session

The leader introduced herself first, then she introduced the head nurse,and dietician to the members, also she let the members introduced themselves and gave them 5 minutes to get to know each other. Then the leader introduced the plan and schedule of the group instruction and discussion, and handed them out to the members. Soon after this, we started the first group instruction and discussion.

a.Group content

(i).The head nurse introduced the causes of DM and any possible complications that could be generated[3].

Table 1 Teaching programs of DM group

Subjects	Date
1. Health care and ADL --- by head nurse	
1. Etiology, clinical manifestations and complications	Jan. 20
2. Medication use and blood sugar control	Jan. 27
3. Exercises and exercise planning	Feb. 3
4. ADL and health care	Feb. 10
2. Dietary control --- by dietician	
1. Purpose and principles of diet control	Jan. 20
2. How a meal affects the blood sugar level	Jan. 27
3. Diet design and exercise	Feb. 3
4. Various food and outside eating	Feb. 10

(ii).The dietician introduced the purpose and the principle of the diet control[12,13].

b.Group dynamics

(i).The head-nurse introduced the causes of DM and any possible complications that could be generated. Then the members shared their experiences concerning the topic. Since this was the first time they were not familiar with each other, therefore they kept being quiet for a few minutes. Again the leader encouraged them to talk,and member C,who just came back from U. S.A., asked several questions concerning the topic and said that she had a relative who had got many kinds of complications, because he did not control DM very well. Therefore, she thought that it is very important to learn how to avoid the terrible complications. Because of her encouraging participation, Member A and B began to share their experiences about how they fell ill. They all showed fear to the complications. In the mean time, member D gave them some psychological support by telling that the complications would not be generated if they followed carefully the instruction of the nurses and dieticians.

(ii).Then the dietician introduced the purpose and the principle of diet control, and handed out the handbook of the food exchanging calculation to the members. Since the members were interested in those kinds of food that could be taken with less restriction. Member C and E then gave some information about the principles of the diet control which had been heard from their neighbors and relatives,and also shared what they had gained from the apllication of those principles. After hearing this, member B then said that it was too hard to be so attentive, especially as it was very easy to get hungry. Member E then suggested her to eat vegetables or guava which contains less sugar. Member D also shared his dinning condition and stressed that he did a very good job in controlling the blood sugar level and he hadn't overweight phenomenon.

The first meeting was finished at 11:45AM. The next meeting will be held at the same place at 10:00AM, Jan. 27, Your attendence will be very much appreciated.

(2).Second session

Member C absence.

a.Group content

(i).The head-nurse introduced " medication use and blood sugar control "[14,15].

(ii).The dietician introduced " how a meal affects blood sugar level "[12,13].

b.Group dynamics

(i).For the reason that the group members are all non-insulin dependents who just take oral hypoglycemic agents, the head-nurse introduced different kinds of the medicines taking through mouth and the diseases that could be treated by these medicines. Then the members began to share their experiences of taking medicines and clarified some questions. Member E asked about the difference between Chinese medicine and Western medicine. She had taken Chinese medicine for a long time, but the blood sugar level was still very high. Member D then said that nobody had ever analyzed the composition of Chiese medicine. Member A did not think that patients should take medicine every day. Sometimes, he did not take meicine.Member D thought there was no need to take medicine if the level of blood sugar could be controlled by diet and exercise. He said that his blood sugar had always been the normal level, and which was controlled throughly by diet and exercise.

(ii).Then, the head-nurse introduced the causes, the symptoms and the treatment of hypoglycemia. She asked whether the hypoglycemia had ever happened to them or not. It seemed that all of the members had experienced this phenomenon. They all felt anxious to share their experiences and talked about the frequency of having hypoglycemia, its symptoms and the methods of management. Member A and F liked the methods of management suggested by others very much and would like to learn how to use them.

(iii).The dietician also talked about the rise of blood sugar after meal and the methods to control the blood sugar level by regulating the diet. She handed out the diet record and told the members to record the quantity of three meals and desserts they had in detail for at least three days. The record is to be turned in the next meeting, so that she can give apppriate instruction according to each person's dinning condition. After the introduction, the dietician asked " what kind of food can cause a great rise of blood sugar ?" All the members answered correctly except member B. She said " since what we can eat is so limited, there will be no meaning in life". But member D and E thought that although the dinning quantity was limited, it was still worthy to endure patiently, because we could prevent the disease from getting worse and prolong our life.

The meeting was delayed to 11:50AM due to the active participation.

(3).Third session

Attendant members were five persons, member A asked for leave of absence.

a.Group content

(i).The head-nurse introduced the topic about exercise and how the exercise can help to arrange medication and diet[3].

(ii).The dietician introduced the diet design and exercise arrange.

b.Group dynamics

(i).The leader asked whether the members do exercise ordinarily or not? what kind of exercise they do? how long it took each time and how they felt after exercise. The members responded enthusiastically, but some of them have misconceptions of the exercise.The head-nurse then talked about the advantages of doing exercise and those kinds of exercises that had better effect on the health.She also mentioned some points that should be noticed while doing exercises, and clarified some misconceptions. The

leader also asked if low blood sugar had ever happened to them when they were doing exercises? and how to management? Member E said her condition just a little uncomfortable, she usually did not do it continuously and did not do enough exercise, either.

(ii).The dietician told the members to turn in the dinning record and introduced the appropriate diet for light, medium and heavy exercise. Then, member D said he went jogging for 30 minutes at six o'clock every morning and had his breakfast after jogging. The leader asked him if he had low blood sugar or very little strength during exercise? He said yes, but he was O.K after taking one loaf sugar. Member C said that she divided the breakfast into two parts one before the exercise and the other after. It was such a great idea that the leader appreciated it very much. Then the dietician discussed the dinning record and exercise condition individually with the members and instructed them about diet design individually. The person who had been instructed by the dietician could leave without waiting for the others. The last one left at 12:15.

The next meeting will be the last one. The leader expect all the members to attend the meeting.

(4).Fourth session

No absence

a.Group content

(i).The head-nurse introduced activity daily of living (ADL) and health care[4,5,16,17,18].

(ii).The dietician introduced different kinds of diets and some important points that should be noticed as eating out.

b.Group dynamics

(i).The leader introduced the things that should be noticed in the daily life concerning about how to prevent from the complications. Especially, she stressed the importance of the methods of foot protection and the application of foot care. Then the members talked about their daily life condition. Member E asked if she was allowed to travel abroad and what should be noticed. Member D said that they should live the same way as ordinary people do, Personally, he participates many activities as usual, like the alumni association and the party among collegues. Sometimes, he travels as long as he knows his limits.

(ii).The dietician introduced different kinds of meals and the ways to choose the appropriate meals that fit themselves as eating out. Also, she explained what kinds of food contains more sugar and fats, and how to choose and how much they should take. Then the members asked questions and shared their experiences. Member E said that they should eat the same thing as other people do; otherwise, they would feel embarrased. Member A said that he just refused all the parties. Member C said that she would reduce the quantity of what she had eaten too much in the parties for the next few meals. Member D then expressed that he felt O.K. with the diet quantity that fits him.

Although this is the last meeting, clients do not seem to be sad, because they still have many chances to see each other as they have to check their health in the hospital. Also, the leader told them to feel free to ask questions later on by phone or just going to her office.

RESULTS AND ANALYSES

The process of group instruction and discussion can be roughly classified into : orientation, working and terminal stages.

1 At the orientation stage, theoretically, the members are not familiar with each other. They lack mutual confidences with each other,and they don't rely on the leader, either. The characteristics of their behavior are quiet and polite [19]. In our DM group, at first,the members were strangers to each other, but after introducing themselves and a short quiet time, they began to state their viewpoints and experiences concerning the topic.

2 At the working stage, the members showed great attention to the topic introduced. They asked questions whenever they failed to understand. Their learning attitude was quite good. After the introduction of the topic, the members all felt free to express their opinions. The questions were answered by other members. The leader only tried to give some objective analyses, but did not criticize as conflicts among members happened. At this stage, the relationship between the members themselves and the leader is close. For instance, there was one absent member at each time of the second and third group discussions. The members showed great concern to this matter and decided to ask member D to call that person and inform the leader after that. Therefore, the group not only expresses their mutual concern, but also has a certain degree of restraint power.

Therefore, the purpose of our group meeting -- the reeducation and relearning of the skill and knowledge of personal behavior and self management -- has been achieved at this stage.

3 At the terminal stage, theoretically, the members may feel sorrowful, so the leader should encourge them to express their feelings about the separation and also to talk about the satisfaction obtained from the group. However, at the last meeting, the members showed no sorrow at all, but seemed to be very glad about what they have learned from each other. All these things made them to have more self confidence to face the disease and to live a high quality life. Usually, the phenomena happened in a group are very complicated. During the interactions in our group, the members showed great cohesiveness.They manifested the function of problem-solving, and had an excellent learning effect. These might be attributed to the fixed topic of discussion for each session, that is the group content, and to the reliance built up at the very first stage. Also, the leader had great contribution in supporting, respecting and understanding the members's points of view. The fact that the leader encourged the members to participate but did not criticize, helps the members experience interpersonal learning[19].

SUMMARY

This group is a voluntary organization, with common will and problems. Also, it is a contructive close group. Subjects of the group activities are arranged in advance and are fixed. New member is not accepted in the midst of meeting Subjects of the group meeting was introduced at the beginning of the process of group activities. Then it came the sharing of members's experiences concerning the subject The leader promoted the process of group activities by adopting the skills of listening, restating,

reflecting, clarifying, questioning, confrontating and demonstrating.

The following is the synthesis about the activity condition of all fourth sessions of group meetings. They are based on the individual record of the meetings.

1. Attendence

No absence during the first and the last sessions. One absence during each of the second and the third sessions (but they asked for leave of absence in advance). In terms of the attendence of group members, member A and C had one absence individually. The others attended the meeting regularly.

2. Group cohesiveness

High cohesiveness for all the sessions except the first time.

3. Levels of self-disclosure of personal feelings, thought, fears and concerns.

All of the participating members manifested a moderately high level.

4.Major contents

During each session, the group instruction was developed according to the original plan, and developed with the discussion concerning the subject.

5.The interactions between members

The condition of the interaction between the group members (see table 2). Member D was honored to be the best according to Erikson's psychological developmental theory. His main responsibility is " generativity[20]. He is at the adult stage. Being a man in this Chinese traditional society, he has to bear the burden of the whole family.He is a bachelor, has a positive character, so he has been collecting the information about DM in order to control his disease as early as possible, so that he could have a good health to develop his business. Therefore, he was always attentive to what was going on in the meeting . He was not only sharing his experiences with others, but also contributed valuable opinions. Usually, he also tried to clarify other members'misconceptions . Besides, he provided his experiences with his knowledge . We could

Table 2 Total 4 sssions that indicates whether behavior has been observed

Member	A	B	C	D	E	F	Behavior has been observed
	+++	++++	++++	+++++	+++++	+++	share information
		++	++	++++++	+		Contributes idea
	+++	++++	+++	++++	++++	++++	Listens to others
	+++	++++	+++	++++	++++	++++	Follows instructions
		+	+	+++	+		Shows initiative in solving group problems
				++	+		Gives consideration to viewpoints of others
	+++	++++	+++	++++	++++	++++	Accepts & carries out group-determined tasks

* * If behavior can observed show "+"

observe that he was always sharing information, contributing ideas, listening to others, following instructions, showing initiative in solving group problems, accepting and carring out group-determined tasks in every discussion. Member E had no absence record, either. Because her health has been getting better after she received the treatment of western medicine instead of Chinese medicine, she has great reliance on the doctors and nurses . She always came to the meeting as the first one, and paid a lot of attentions to what leader and instructor introduced about the topics. She likes to share information, listens to others and follows instruction. Other members like A, B, C, and F, behaved nearly the same way. When they attend the group discussion, they paid attention to the topic instruction, listen to others, shared their experiences and they would like to apply what they have learned to the daily life. Please see table 2 for the detail of each member's behavior.

6.The chief ways of members' response

The members are friendly, cooperative and trusting to each other.They showed great concern for those who failed to attend the meeting and sent a representative to call that person to tell him or her the content of discussion and what they have heard from the meeting. Also they showed concern for the reason of his or her absence. The members are also friendly and trusting to the leader, head nurse, and dietician.

7.The affect or moods of this group

I guess their emotion is steady, peaceful and glad.

8. Our feelings in response to this group

The head nurse, dietician and I were very glad when we saw the members showing great interest to the topic. Especially when they were describing their feelings, offering their opinions, sharing their experiences, we felt this group was just like a family. Generally speaking, the head nurse, dietician and I are very satisfied with the behavior of the members. The members were also very satisfied with this group meeting. They expected to have more group activities like this to be held in the future. This means a lot to us.

APPLY THE FINDINGS TO THE GROUP NEEDS

From this group activity, we found out that the DM clients were willing to learn the knowledge and skills to control the disease. Also I found out that they are very important to talk with the members in advance, to ask them to participate the discussion and to decide the necessary topic to be discussed. We have noticed those important points at the beginning, so the members could voluntarily come to participate each group meeting, ask their own question concerning the topic and share their experiences with others. Since we had certain agreement before the meeting, the members could obey the group norms and they showed mutual concern and respect. When anyone failed to attend the meeting, he or she would ask for leave of absence by phone.

In addition, I found out that we can make the activity process more smooth by using the skills of guiding, reflecting, clarifying, questionning and demonstrating.

In the DM group, it is very important to adopt the method of group discussion to help the members to understand their emotions and to know how to control them. But we can not omit

the importance of offering the knowledge concerning DM in a systematical way.Therefore, I will go on to hold this kind of group activity in the future. On the one hand, I can offer knowledge about DM; on the other hand, the members can learn from others through the process of the group activity, and live a life of better quality.

EVALUATION

Many people think that the application of group activity is only by reason of the expenditure. But in fact, to save expenditure is just a less important one of all the reasons. The most important reason to adopt the group activity is the unique characteristics it has, such as the members will not think his/her problem is so special, although they see the leader as an authority,they can still get support from other members; the situation offered by the group can also make the members try to behave in a better way and change their old behaviors, so they can have a modification of their behaviors. The individual can also obtain many valuable experiences for reference.

After applying the group theory and going through the process of group interaction, the members in the DM group not only share other members ' experiences, but also have certain understandins about the causes and control of DM . Also, they can take action and apply what they have learned to their daily living.This can be proved by checking the condition of the six patients'control for both weight and blood sugar (see table 3).

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Table 3 Comparison of blood sugar & BW between pre and post-group activity

	A	B	C	D	E	F
Blood sugar						
Pre	266/370	173/271	184/186	90/110	212/401	197/258
Post	134/243	160/210	86/134	90/110	130/180	121/146
Body weight						
Pre	63	48.5	67.5	55	53	58
Post	63	49	64	55	53	57

Appendix I

Names of group leaders _____

_____

_____

GRDUP LEADER QUESTIONNAIRE

Session no. _____

Date _____

Please complete a Group Leader Questionnaire following each session of your group.

1. How many membe s did you expect to appear at this session ? _____
2. How many actually appeared ? _____
3. Group cohesivene,s may be defined as the extent to which the group experiences a sere of solidarity or "we-ness." How cohesive would you judge your grup to be at this session? (Please check response that describes your group.)

Highly cohesive ___ Moderately cohesive ___ Slightly cohesive ___ Not at all cohesive ___ Unable to determine ___

Comments:

_____

_____

_____

4. Did members demonstrate high levels of self-disclosure of personal feelings, thoughts, fears, and concerns ?

Yes,very high ___ Yes, rroderately high ___ No, only slightly ___ Notatallself-disclosing ___ Unable to determine ___

Comments:

_____

_____

5. Briefly state what you think were the main overt (content) themes of your group (that is, what did they talk about ?).

_____

_____

6. Briefly stae what you think were the main covert themes of your group (that is, what do you think was going on in the interactions between mem-bers or between members and leader 【s】 ?).

_____

_____

7. Which adjectives describe the chief way(s) members responded to you ?(Please circle those that describe your members.)

Compliant	Noncompliant
Friendly	Hostile
Cooperative	Resistant
Trusting	Suspicious

If others,please specify:

_____ _____ _____

8. What would you judge was the affect or mood(s) of your group this session ? _____

_____

_____

9. What is your feeling(s) in response to what happened in your group ?

(This question can be answered by the leaders separately if they feel dif-ferently about the session. Please feel free to say what you truly feel.)

Leader (Name): _____

Leader (Name): _____

Appendix 2

Checklist that indicates whether behavior has been observed & whether there has been an opportunity to observe it.

A	B	C	D	E	F	
						Share information
						Contributes idea
						Listens to others
						Follows instructions
						Shows initiative in solving group problems
						Gives consideration to viewpoints of others
						Accepts & carries out group-determined tasks

***If behavior can observed shows +

If behavior no opportunity to observe shows -

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應用團體理論於糖尿病團體的研究報告

盧美秀

本篇係筆者應用團體理論帶動一個糖尿病團體的團體過程報告。

筆者將六位非胰島素依賴型的糖尿病病人，組成一個治療性團體，應用團體理論將有關糖尿病發生的原因、臨床表徵、可能產生的合併症，以及用藥、飲食和運動應注意之事項有計劃地教給病人，並運用團體互動方式，鼓勵參與的團體成員們，彼此分享他(她)們的經驗和感受。筆者則從旁給予支持與引導，最後借由團體的力量，將病情控制在最理想的狀況。

本團體活動係以每次團體時間做爲一個治療單元，共分成四大單元，每週一個單元，每次爲時一個半小時至二小時。本團體在團體活動過程中有下列三大特色：

1.爲使團體結構化，首先選擇一間獨立的安靜房間做爲團體活動的場地，採圓圈之坐位方式，使每個成員都能看到全體成員，並且事先說明團體活動進行的日期及時間，給予成員們清楚的介紹與準備。

2.本團體在每次的團體活動過程中，均先介紹該次的主題，當主題介紹完了之後，即由成員們針對主題發表自己的經驗，彼此分享，筆者則採用傾聽、覆述、反映、澄清、發問、對質及示範等技巧，來增進團體過程的進行。

3.爲使團體成員感覺安全，並產生信賴感，特製造一種溫暖、富建設性和支持性的氣氛，隨時確認成員們的貢獻、尊重成員們，並鼓勵正向的行爲，不批判或攻擊成員。

本糖尿病團體，在應用團體理論，經過團體互動後，每位成員不僅分享了他人的經驗和感受，也對糖尿病的發病原因、病情控制方法有所了解，而且也實際採取行動，將所學的知識與技巧應用於日常生活之中。在團體活動結束時，這六位病人的血糖和體重的控制，都有明顯的進步。

台北醫學院護理學系
民國七十九年二月二十八日受理