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Personal Aptitudes and Diabetes: impact on self-care

Diabetes is currently one of the most common chronic diseases worldwide and represents a challenge both for those living with it and for the health teams who support its management. Self-care is a central component that allows in-

dividuals to achieve and maintain glycemic control, prevent complications, and improve quality of life. However, not all people with diabetes maintain self-care behaviors, even when they know the benefits. So, what determines whether a person takes care of themselves?

Self-care does not depend solely on knowing “**what to do**”; the ability to “**be able to do it**” is another essential factor. External resources such as social support, economic resources, access to health services, and community networks, as well as internal resources like personal aptitudes, can influence the adoption of self-care behaviors (1).

Certain personal aptitudes enable individuals to make informed decisions and act consistently in their daily lives, ultimately improving self-care. These aptitudes—health literacy, self-efficacy, activation, and resilience—play an important role in diabetes management.

The World Health Organization (WHO), in the Ottawa Charter for Health Promotion, defined a global framework to empower individuals and communities to improve their health. Among **its action areas is the development of personal skills**, understood as a set of abilities that allow individuals to exert greater control over their health and environment. In diabetes, this approach translates into strengthening individual capacities to make decisions and carry out self-care actions over time (2).

But what is self-care? Nurse and theorist Dorothea Orem defined it as “the practice of activities that individuals initiate and perform on their own behalf to maintain life, health, and well-being.” Applied to diabetes, self-care includes daily glucose monitoring, adherence to pharmacologic treatment, healthy eating, regular physical activity, and stress management. The chronic nature of the condition makes the support of the healthcare team—whether through clinical intervention, educational support, or psycho-emotional assistance—a key component of self-care (3).

The *American Diabetes Association* also emphasizes that developing positive health behaviors is fundamental to achieving appropriate diabetes control and a satisfactory quality of life. Education and support for self-management are proposed as central elements to reach these goals, as they facilitate self-care behaviors and informed decision-making (4).

PERSONAL APTITUDES AND THEIR IMPACT ON SELF-CARE

Personal aptitudes are not innate: they can be learned and strengthened with practice

and support. Each aptitude directly influences a person’s ability to follow recommendations and adjust behaviors. Small changes generate significant results.

Among all personal aptitudes that support self-care behaviors, the following are particularly relevant in diabetes:

- **Health Literacy:** The ability to seek, understand, evaluate, and use health information to make self-care decisions. It may be functional, communicative, or critical. High health literacy makes it easier to understand the importance of changes in medication and apply them correctly, improve communication with healthcare professionals, or interpret glucose readings, nutrition labels, or medical instructions.
- **Self-Efficacy:** The belief in one’s own ability to perform specific behaviors needed to manage the disease. Strong self-efficacy helps maintain healthy habits even in the face of obstacles. A person with high self-efficacy trusts that they can follow their meal plan or administer insulin correctly when unexpected situations arise.
- **Activation:** The level of motivation, knowledge, skills, and confidence required to manage one’s health. An “activated” person not only follows instructions but also actively seeks to improve their habits and prevent complications. High activation leads individuals to seek resources and support, acquire nutritional knowledge, read educational articles on diabetes, or stay informed about research developments.
- **Resilience:** The ability to adapt positively to adverse situations and maintain emotional stability when facing the challenges of living with a chronic illness. At diagnosis, for example, it involves the ability to integrate self-care actions into daily life (maintaining social, work, leisure, and relationship activities). Well-developed resilience also helps resume one’s plan after difficult events.

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» Recent studies show that strengthening these aptitudes can lead to significant improvements in diabetes management.

Yau-Jiunn et al. conducted a study examining the potential pathways linking health literacy, self-efficacy, and self-care behaviors in individuals with type 2 diabetes mellitus (T2DM) and found that self-efficacy directly influences health behaviors and indirectly affects HbA1c levels, while literacy exerts a direct effect

on self-efficacy and an indirect effect on self-care (5).

In this same line, another highly relevant study by Su Hyun et al. focused on the influence of literacy and confirmed a significant indirect effect on self-care activities mediated through patient activation (6).

In view of these and other findings, it seems important to continue conducting similar studies, as they contribute to be-

tter diabetes management, which ultimately leads to greater well-being and improved quality of life for people with diabetes.

HEALTH PROFESSIONALS AND PERSONAL APTITUDES

What is the role of health professionals in developing personal aptitudes in diabetes? »

- » Health professionals also play an important role in building personal aptitudes when health is compromised. After diagnosis and treatment planning, they initiate health literacy and stimulate the development of personal aptitudes, which need to be learned and practiced.

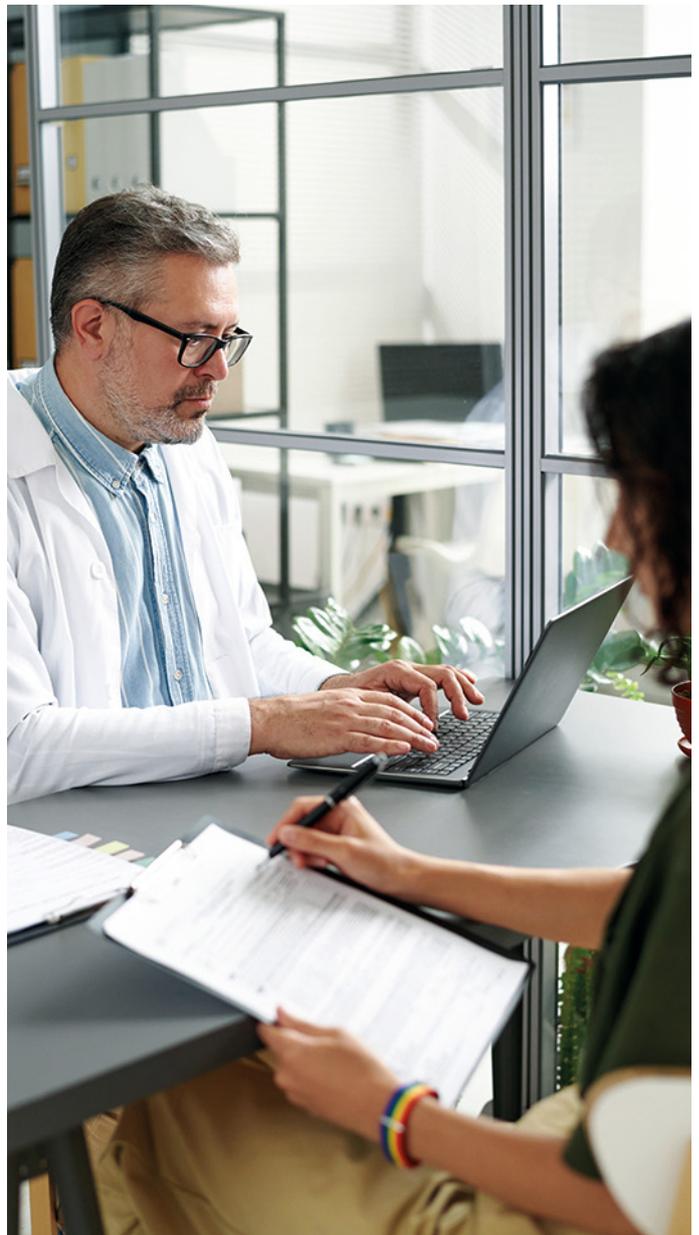
This role is embodied in the **person-centered care** approach, whose principles include respecting the values, preferences, and individual needs of the person with diabetes, recognizing them as the active protagonist of their care, emphasizing clear and empathetic communication, and improving coordination among professionals and services (7).

A practical expression of this approach is shared decision-making, in which professionals and patients collaborate to choose the best care options by considering clinical evidence, personal values, and individual characteristics that influence risks and therapeutic benefits (8). **D**

CONCLUSIONS

Self-care is a fundamental pillar in effective diabetes management, and evidence supports the influence of personal aptitudes on the quality of self-care.

People with diabetes can acquire and strengthen these aptitudes, and multidisciplinary teams can play a key role in this process. Therefore, joint work between patients and health professionals is the best strategy.



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