
Analyze the Application Value of Standardized Management of Community General Care for Diabetic Patients

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Abstract: *Objective:* To explore and analyze the application value of standardized nursing methods for diabetic patients in the community using community general care. *Methods:* A total of 80 patients with diabetes who were treated in our community from January 2022 to January 2025 were selected and randomly divided into a conventional group and an observation group according to the numerical grouping method. 40 patients using the conventional nursing model were named the conventional group, and 40 patients using the community general care model were named the observation group. The blood sugar levels, health knowledge cognitive levels, and patients' quality of life scores of the two groups were compared before and after care. *Results:* Before nursing, there was no statistically significant difference in blood sugar levels between the two groups of patients, $p > 0.05$; after different nursing methods were applied to the two groups of patients, the blood sugar levels of the patients in the observation group were significantly lower than those in the conventional group. decreased, $p < 0.05$; the health knowledge cognitive score of the patients in the observation group was significantly improved compared with the patients in the conventional group, $p < 0.05$; the quality-of-life score of the patients in the observation group was significantly improved compared with the patients in the conventional group, $p < 0.05$. *Conclusion:* Judging from the research results, the application of community general nursing has improved patients' blood sugar levels to a great extent, improved patients' awareness of health knowledge, and also improved patients' quality of life. It has definite application effects and is worthy of promotion and application in clinical practice.

Keywords: Diabetes; Community general care; Standardized management; Application value

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1. Introduction

Clinically, diabetes is a chronic metabolic disease caused by insufficient absolute or relative secretion of insulin or impaired biological action. Such patients are characterized by hyperglycemia^[1]. Diabetes causes electrolyte, protein and other metabolic abnormalities in patients, and if they do not receive timely and effective care, they often cause more serious complications such as liver damage, cerebral infarction, cardiovascular disease, and renal disease. The occurrence

of these complications will have a more serious impact on the patient's life and health. The cause of the onset of diabetes in patients is usually autonomic neuropathy or emergency mechanism disorder, which is closely related to the patient's family genetics, living habits, and eating habits^[2]. In recent years, with the continuous development of my country's economy and the continuous improvement of people's living standards, the number of patients with diabetes has also been increasing. Failure to promptly treat patients with diabetes may lead to serious complications such as heart disease, hypertension, and diabetic retinopathy, which will also have a huge negative impact on the patient's quality of life^[3]. According to relevant studies, 95.0% of diabetic patients in my country have type 2 diabetes^[4]. Clinical treatment for patients with diabetes is usually based on drug therapy, with the purpose of controlling the patient's blood sugar and preventing the patient from developing diabetic complications. Most patients can receive good treatment, but it is not ruled out that some patients may take less medication, miss medication, or stop medication without authorization due to insufficient knowledge of the disease after leaving the hospital. As a result, the patient's condition cannot be well controlled, which has an impact on the patient's life and health. This article explores and analyzes the application value of standardized nursing methods using community general care for diabetic patients in the community by using different nursing methods on 80 cases of diabetic patients in the community.

2. Materials and methods

2.1. General information

A total of 80 patients with diabetes treated in our community from January 2022 to January 2025 were selected and randomly divided into a conventional group and an observation group according to the numerical grouping method. 40 patients using the conventional nursing model were named the conventional group, and 40 patients using the community general nursing model were named the observation group. Among the patients in the conventional group, the proportion of male patients was 25 (62.50%), and the proportion of female patients was 15 (37.50%). The patients were older than 50 years old and less than 78 years old, with an average age of (63.79 ± 5.42) years. The patients' illness time was more than 1 year and less than 10 years, and the average disease duration was (5.78 ± 0.72) years; Among the patients in the regular observation group, the proportion of male patients was 26 (65.00%) and the number of female patients was 14 (35.00%). The patients were all older than 50 years old and less than 78 years old, with an average age of (62.91 ± 5.65) years. The patients' illness time was more than 1 year and less than 10 years, and the average disease duration was (6.03 ± 1.13) years. The basic data of the two groups of patients were compared one by one, and it was found that $p > 0.05$, which means that the difference between the basic data of the two groups of patients is not statistically significant and can be compared.

2.2. Method

Patients in the routine group used the routine nursing model, including regular measurement of the patient's blood sugar level, explanation of how to use the drug and reminders of precautions, etc.

Patients in the observation group use the community general nursing model. The specific contents include:

- (1) Establishing a complete health information file based on the patient's condition, name, age, address, eating habits and living habits, so that they can keep in touch with the patient at any time and respond promptly when emergencies occur. At the same time, understand whether the patient has a family history of disease, etc.
- (2) Use professional nutritionists to popularize daily diet and health knowledge to patients, and change patients' previous misconceptions that a vegan diet can effectively lower blood sugar. At the same time, it strengthens the cultivation of patients' self-health awareness so that patients can adhere to good living habits in daily life, which helps patients maintain a healthy weight.
- (3) Carry out different methods of medication education based on each patient's different cultural level and understanding ability to ensure that patients can clearly understand the importance of medication. Regularly conduct health education and education activities for patients with diabetes, and explain in detail to patients the

causes of diabetes, treatment methods for diabetes, complications that diabetes may cause, and countermeasures or treatments for complications.

- (4) Within the limits allowed by the body, patients should be encouraged and led to engage in moderate aerobic exercise, such as jogging, rope skipping, cycling, etc. Moderate exercise can alleviate patients' insomnia and improve sleep quality. For some patients who are overweight, they should continue to exercise.
- (5) During the development of general nursing intervention work in the community, professional psychological consultation rooms are set up in the community to provide one-on-one psychological services to patients. Due to the long course of the disease and treatment, patients may develop some negative psychological emotions such as anxiety and depression, thereby reducing the patient's treatment compliance, and even non-compliance with medical instructions, thus affecting the patient's treatment effect. Therefore, in the process of community management work, nursing staff need to pay close attention to the psychological status of patients. When patients have negative emotions, they need to communicate in a timely manner and guide patients to spontaneously go to the psychological consultation room to resolve the negative emotions in their hearts. This can greatly enhance the patient's confidence in treatment and thereby improve the effectiveness of treatment.
- (6) Establish a community communication platform for diabetic patients, and arrange for professional medical staff to answer questions and provide professional guidance in the group, so that patients can learn more beneficial experiences from the treatment of other diabetic patients. Encourage patients to communicate with each other and deepen their understanding of diabetes.
- (7) For patients treated with insulin and other drugs, nursing staff need to guide patients to learn the correct use of insulin and standardize the use of blood glucose monitors to avoid adverse reactions due to operational errors.

2.3. Evaluation criteria

- (1) Compare the blood sugar levels of the two groups of patients before and after care.
- (2) Score and compare the health knowledge awareness of the two groups of patients based on our community's autonomous health knowledge questionnaire ^[5].
- (3) Score and compare patients' quality of life according to the SF-36 rating scale ^[6].

2.4. Statistical methods

The statistical software used in the statistical stage of this article is SPSS23.0, which is an internationally accepted statistical data analysis software. The measurement data is expressed as $\bar{x} \pm s$. The test stage uses a two-sample independent test, expressed as t . Whether p is less than 0.05 is considered a difference to determine whether it has statistical significance.

3. Results

According to **Table 1**, it can be seen that before nursing, there was no statistically significant difference in blood sugar levels between the two groups of patients, $p > 0.05$; after different nursing methods were applied to the two groups of patients, the blood sugar levels of the patients in the observation group dropped significantly compared with those in the conventional group, $p < 0.05$.

Table 1. Comparing the blood sugar levels of the two groups of patients before and after care ($\bar{x} \pm s$)

Group	Fasting blood glucose		Blood sugar 2 hours after meal	
	Before care	After care	Before care	After care
Regular group (n = 40)	13.32 ± 3.51	9.85 ± 2.23	15.31 ± 4.33	11.42 ± 5.15
Observation group (n = 40)	13.29 ± 3.46	7.14 ± 1.61	15.27 ± 4.28	9.07 ± 4.08
<i>t</i>	0.0385	6.2315	0.0416	2.2621
<i>p</i>	> 0.05	< 0.05	> 0.05	< 0.05

According to **Table 2**, it can be seen that after different nursing methods were applied to the two groups of patients, the health knowledge cognitive scores of the patients in the observation group were significantly improved compared with those in the conventional group, $p < 0.05$.

Table 2. Comparison of health knowledge cognitive scores between the two groups of patients ($\bar{x} \pm s$)

Group	Disease knowledge	Medication knowledge	Self-management	Diet knowledge	Sports knowledge
Regular group (n = 40)	5.31 ± 1.26	6.24 ± 1.61	5.13 ± 1.35	6.11 ± 1.53	6.07 ± 1.38
Observation group (n = 40)	7.69 ± 1.05	8.21 ± 1.27	7.30 ± 1.50	8.87 ± 1.20	8.76 ± 1.25
<i>t</i>	9.1775	6.0759	6.8008	8.9772	9.1372
<i>p</i>	< 0.05	< 0.05	< 0.05	< 0.05	< 0.05

According to **Table 3**, it can be seen that after different nursing methods were applied to the two groups of patients, the quality-of-life scores of the patients in the observation group were significantly improved compared with those in the conventional group, $p < 0.05$.

Table 3. Comparison of quality-of-life scores between the two groups of patients ($\bar{x} \pm s$)

Group	Physical function	Psychological function	Cognitive function	Role function
Regular group (n = 40)	75.35 ± 3.68	71.10 ± 3.31	73.69 ± 3.01	71.81 ± 3.20
Observation group (n = 40)	82.54 ± 2.73	79.73 ± 2.56	81.76 ± 2.35	82.14 ± 2.67
<i>t</i>	9.9243	13.0437	13.3655	15.6763
<i>p</i>	< 0.05	< 0.05	< 0.05	< 0.05

4. Discussion

With the continuous deepening of medical research, more and more research results show that the occurrence and development of diabetes is a process affected by multiple factors. The onset of this chronic metabolic disease is closely related to many aspects of people's daily life, including people's living environment, personal diet, mental stress and psychological burden, and family genetic background. In recent years, due to the rapid development of our country's economy, people's living standards have generally improved [7]. With people's increasingly unhealthy lifestyles and eating habits, the prevalence of diabetes has also increased significantly, and with it the harm caused by diabetes. The prevalence of diabetes in our country has reached the first place in the world. As a chronic disease, diabetes alone is not

enough to carry out simple basic treatment, and blood sugar cannot be controlled to the expected effect. Only long-term comprehensive nursing intervention can more effectively control blood sugar and prevent the occurrence of complications. As a brand-new nursing treatment method, the community general nursing model gradually focuses on transforming from specialist nursing to general nursing in the context of the innovation and progress of my country's medical and health industry. In fact, it refers to intervention measures for the health of all patients in the hospital. It is a nursing model that integrates disease prevention, health care, nursing and rehabilitation. Compared with routine nursing, general nursing is a series of patient-centered nursing measures, which not only provides patients with appropriate nursing services, but also promotes their recovery^[8].

It can be seen from the research results of this article that before nursing, there was no statistically significant difference in the blood sugar levels of the two groups of patients, $p > 0.05$; after different nursing methods were applied to the two groups of patients, the blood sugar levels of the patients in the observation group were significantly lower than those in the conventional group. There was a substantial decrease, $p < 0.05$; the health knowledge cognitive score of the patients in the observation group was significantly improved compared with the patients in the conventional group, $p < 0.05$; the quality-of-life score of the patients in the observation group was significantly improved compared with the patients in the conventional group, $p < 0.05$. The community general practice nursing model has significant application effects in patients with diabetes. It not only reflects the comprehensiveness of community nursing work to a large extent, but also has certain advantages in chronic disease management. The community general nursing model effectively makes up for the deficiencies in the conventional nursing model and effectively meets the needs of patients during the disease treatment process by providing multiple dimensions of health intervention to patients, including dietary guidance, exercise advice, psychological support, and medication education.

In summary, the application of the community general nursing model in patients with diabetes has significant advantages. It can not only effectively improve patients' blood sugar control levels, but also improve patients' health knowledge and quality of life. The promotion of the general nursing model will provide new ideas for chronic disease management and also inject new vitality into the development of community medical services. In the future, the specific implementation path of community general care should be further optimized and its application potential in the management of other chronic diseases should be explored in order to bring benefits to more patients.

About the author

Yu Hongyu (1991.04) female; Han nationality; native of Changzhou, Jiangsu; bachelor's degree; community supervisor nurse; current employer: Chengzhang Health Center, Jiaze Town; research direction: community nursing.

Disclosure statement

The author declares no conflict of interest.

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