



Keywords: Foot care; Diabetic; Limbs; Amputation; Mental hypothesis

In the United States, diabetes affects 25.8 million people, with an estimated seven million undiagnosed in 2010. Diabetes has been noted to be a "complex and possibly decimating constant disease". This chronic illness is still the "leading cause of non-traumatic lower limb amputations. It can cause complications in many parts of the body, including the lower extremities [1].

Utilizing a cross-sectional descriptive correlational design and survey questionnaires, the purpose of this study was to examine the connection between diabetics' self-efficacy levels and their reported performance of daily foot self-care practices. The degrees of self-viability and foot taking care of oneself way of behaving have been evaluated in people with and without earlier history of diabetic foot confusions to decide the effect of these additional factors. The effects of the review have been broke down to reach determinations for coordinating patient consideration mediations of medical caretakers in the job of family nurture specialist whom care for patients with diabetes and in danger foot conditions [2-5].

A recent trend in the delivery of health care to people with diabetes and other chronic illnesses has been to place a greater emphasis on educating patients and providing them with the tools they need to actively participate in self-care practices. Individuals who are empowered to take an active role in the management of their health can achieve optimal disease-related outcomes, improved quality of life, and greater satisfaction with treatment in collaboration with the health care team. Identifying a person's perception of their capability in a particular setting or with a particular behavior has frequently been noted as a primary indicator of self-care behavior performance. Self-efficacy has been described as dynamic and behavior-specific. Nurses at all levels are regarded as advocates for patients, health counsellors, managers of acute and chronic illnesses, consumers of nursing theory and evidence-based practice, and promoters of health maintenance [6]. Advanced practice nurses play a crucial role in health promotion and patient care, including teaching diabetics about self-efficacy and foot self-care. Responsibilities like these are covered by the profession's scope and standards.

The World Health Organization estimates that 347 million people worldwide have diabetes, which has doubled since 2005. The nursing professional plays a significant role in diabetic foot care practices and wound prevention (Figure 1). According to Boulton's findings, diabetes and/or diabetes-related complications were the cause of approximately 50% of all non-traumatic lower limb amputations in the United States.

The World Health Organization found that basic diabetes management and care could prevent 80% of all diabetic foot complications. Nursing care includes a lot of health education and promotion [7,8].

In an effort to obtain comprehensive responses from participants regarding foot self-care practices and confidence levels for correlation, the Nottingham Assessment of Functional Foot Care and modified

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Received: 2023-08-15 | **Editor assigned:** 2023-08-16 | **Reviewed:** 2023-08-17 | **Accepted:** 2023-08-18 | **Published:** 2023-08-19

Citation: Rashmi D. Foot self-care practices and confidence levels for correlation, the Nottingham Assessment of Functional Foot Care and modified

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names or identifiers were gathered, participants remained anonymous.

Data were gathered from a convenience sample of adults with diabetes attending each of the following settings: diabetic organization walks, health fairs, primary care offices, podiatry offices, diabetes education and support groups, wound clinics in and around the lower peninsula of Michigan. The facility's staff was instructed to distribute the questionnaires to any adult with Type 1 or Type 2 diabetes who was willing and able to participate in the study and who had or had not previously had a foot ulcer [9-12]. At the National Kidney Foundation of Michigan, Flint's monthly coalition meeting, survey packets were also made available to community partners for distribution to their clients. Members were offered the valuable chance to partake in the review when they introduced to these given areas or occasions. Although it is weaker than randomized collection methods, which are beyond the scope of this study, this method allows for easy access to a representative sample of the population and has been used in similar research studies in other locations. After receiving approval from the University IRB, survey distribution began [13, 14].

expected to affect foot taking care of oneself ways of behaving.

The distinguishing proof that orientation has a genuinely tremendous effect in execution of foot taking care of oneself ways of behaving needs further investigation. Research is expected to comprehend the intricacy of this issue as it relates not exclusively to foot taking care of oneself practices yet in addition to likely prescient factors.

At last, further exploration is required as it connects with self-adequacy and diabetic foot taking care of oneself as this study's populace was fairly solid and consequently scored high on the two scales, leaving the populace with huge foot medical problems unexamined. A