Migration Letters

Volume: 19, No: S5 (2022), pp. 953-966

ISSN: 1741-8984 (Print) ISSN: 1741-8992 (Online)

www.migrationletters.com

Challenges Of Type Diabetic Foot Ulceration And Role Of Health Care Social Work In Makah Al-Mokarramah , Saudi Arabia2022

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Abstract:

Background

Diabetes mellitus is one of the most prevalent and serious chronic diseases facing the Saudi Arabia health care system. According to the Centers for Disease Control and Prevention , diabetes affects high number of people in the Saudi Arabia , 2 million of who have been diagnosed and millions of who are unaware that they have this disease. The American Diabetes Association estimates that in 2000 alone medical care for diabetes cost $40.1 billion dollars. Diabetes exacts an equally devastating physical toll; it is the leading cause of blindness, end-stage renal disease, no injury-related lower limb amputations, and cardiac disease, and it is the seventh leading cause of death in this country. Currently, social work involvement with this chronic disease is limited. For instance, as of 1998, social work clinicians made up less than 1 percent of the professionals listed with the Saudi Arabia Association of Diabetes Educators. Although there are probably many social workers treating and researching diabetes, their involvement seems inconspicuous. ***Aim of the study****: To Assessment its bio psychosocial challenges , and the roles health care socia[1]l workers that may be assumed in assisting adult patients in Makah Al-Mokarramah , Saudi Arabia2022.* ***Method:*** *A cross-sectional, was conducted in in 3 hospitals, in Makah, within Multidisciplinary Diabetic Foot Clinics and/or Vascular Surgery Departments. impact of the Patient perspectives on the physical, psycho-social, and financial impacts of diabetic foot ulceration and amputation, also a self-administered questionnaire was designed and has been send to the study participants, was performed between June 2022 and March 2022. Our total participants were (200).* ***Results:*** *shows most of the participants were (31.0%) in the age group 40-50 years, gender the majority of them were male (52.0%) level of education the majority of participant are University degree were (47.0%), the Number of children the majority of participant more than five were (32.0%) the nationality most of participants Saudi were(65.0%)* ***Conclusion:*** *To assist people with diabetes, social workers first need to understand the disease, how it challenges patients, and then ways to become involved the basic aspects of Type 2 diabetes, its incessant challenges, and several interventions health care social workers may use to assist adults with this chronic disease*

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Keywords:*, Challenges, diabetic, foot ulceration, Role, Social Work perspectives, Makah , Saudi Arabia.*

Introduction

Diabetes-informed social workers are an asset to diabetes educators and programs, serving as the resident behavioral science experts (12). Social workers can interject, affirm, and interpret relevant psychosocial factors during initial assessments and progress evaluations—highlighting strengths, needs, family involvement and functioning, and the effects of patient, family, and group cultures on outcomes (). They are invaluable as consultants or instructors to diabetic clients also dealing with cognitive deficits, learning disabilities, or chronic mental illnesses. Likewise, social workers are indispensable in designing and implementing education programs and materials tailored to meet the information and skill needs of people with learning challenges or educational deficits and especially young or elderly patients.(3) In particular, social work practitioners are ideally suited to develop and teach the psychosocial component of a diabetes program that may include presentations on behavior modification, emotions, depression, stress and time management, and community resources.(4)

Social workers also can serve as resources to those lacking access to traditional diabetes programs, such as rural, homebound, uninsured, or underinsured populations or in medical settings with limited diabetes education resources. (5)

Diabetic foot describes the foot of a diabetic patient that has a potential risk of pathologic consequences, including infection, ulceration, and destruction of deep tissues associated with neurologic abnormalities, various degrees of peripheral arterial disease, and metabolic complications of diabetes in the lower limb (from the World Health Organization definition (6) The term “diabetic foot wound” refers to a variety of conditions like cellulitis, osteomyelitis or ulcers.(7) The diabetic foot and its squeal account for billions of dollars in direct medical expenditure, as well as lengthy hospital stays and periods of disability.(8) The most characteristic lesion of the diabetic foot is a mal performance ulceration which consequently is one of the major risk factors in amputation.(9) Nowadays, diabetes constitutes a significant medical, social and economic problem. According to the World Health Organization in 2025 the incidence of this disease will double in both developed and developing countries. The pooled prevalence of amputation rate in DFU patients was 33% (24%-43%) and the pooled prevalence in Saudi Arabia was significantly higher than in other countries. (10) The estimated rate of foot amputation in diabetes patients and those with DFUs in the Middle East region is approximately high, which may indicate low quality of preventive foot care, low socioeconomics and low patients awareness or education in countries with high amputation rate, also incidence of diabetes in Poland is 2–5% depending on the region. (11)

Ongoing studies into how patients adapt to diabetic foot complications by focusing on two areas : The role of social workers factors in guiding adherence to preventive foot self-care and foot ulcer treatment and the impact of diabetic foot ulceration on an individual’s emotional state and QoL (12) .

It should be noted that, care and treatment of diabetic foot is expensive all around the world. In developed countries, more than 5% of diabetics have foot ulcers and 20% of total health care resources spent on care of the diabetic foot in these countries, and when the complicated and need to amputation, this cost will be increased (13)

The social worker a counseling role, a social worker role is invaluable in aiding patients about physical, psycho-social, and financial impacts of diabetic foot ulceration and amputation, assessing the patient and diabetic foot ulceration and amputation and previous coping patterns related to diabetic foot (14). A social worker also may educate patients and families about these challenges within a psychosocial module during a diabetes self-care or through individual or family counseling sessions— normalizing responses, identifying resources and enabling coping mechanisms (15)

In addition, patients can be helped or educated to differentiate between physical sensations associated with high and low blood glucose levels (such as anxiousness, irritability, and lethargy) versus foot ulceration and amputation (16). The social worker also may ensure the management of chronic illnesses . Offend the stress of diabetes or complications may exacerbate existing social or work dysfunctions or revive unresolved personal issues (for example, foot ulceration and amputation and self-esteem problems) or family issues (for example, domestic violence and role conflict or strain), also necessitating social work interventions. For some, the potential or acmal occurrence of diabetic complications such as amputations, blindness, and kidney failure can prove overwhelming, leading to suicide ideation or attempts (17)

Serious treatment noncompliance may require skilled therapeutic interventions to identify and deal with psychological obstacles within the individual or family systems. Strained supportive resources and relationships also may require assistance to restore personal and family functioning.(18) Psych educational groups for diagnosed foot ulceration and amputation or those with ongoing challenges with self-care skills, self-esteem, assertiveness or those making the transition from professional to self-based care also are advisable (Rabin 444) More intensive social work interventions may be necessary when these challenges are complicated by pre-existing foot ulceration and amputation or health concerns.(19)

Literature review:

While one study found that the developing countries not only diabetic foot and its complications are more common, but also even sometimes up to 40% of health care resources are unique to this disease (20) Besides, the burden of this disease is high. The study was conducted in 2001 for estimation burden of diabetes in Iran; the burden of diabetic foot was estimated at 5848 and by adding the burden of neuropathic diabetic foot was received up to 40,000 (21)

Study found (22) The most important point is that 85% of diabetic foot amputations are preventable with appropriate care and education (23). Ideal management for prevention and treatment of diabetic foot is as follow: regular perception of foot, determine at risk foot, education to patient, social service team and health staff must be available to carry out, appropriate foot coverage, and early treatment of foot problems (24) . According to the protocol recommended by the American Diabetes Association (ADA), one of preventive tactic in diabetes care is multidisciplinary team approach that its advantages are shown in several studies (25,26).

Study by (Jacobso) reported that the social worker may supported to the Patient diabetic foot ulceration and amputation or in conjunction with other professionals (such as psychiatrists and psychologists) to treat more serious patients diabetic foot ulceration and amputation issues inhibiting the management of diabetes. In this role a social work practitioner may screen and treat illnesses with high rates of comorbidity among diabetes patients, such as major diabetic foot ulceration and amputation disorders (Jacobson, 1996) (27)

Study did by multidisciplinary team found that can reduce amputation rates, prevent diabetes' complications and save costs (28). The result of study was shown by multidisciplinary team approach the two-year incidence of diabetic foot ulcers was 30% and 58%, respectively in high risk patients and in group under treatment with standard therapy (29). The members of team for diabetic foot care usually consists of general practitioner, nurse, educator, Social service team, orthotic, and podiatrists and some consultants; vascular surgeon, infection disease specialist, dermatologist, endocrinologist, dietitian, orthopedic and also it is necessary the access to centers and home care services (30)

Although all team members have influence on reduction the incidence of foot ulcer and amputation (31), however, the role of nurse and Social service are essential (32). study (30) investigated the assessment role of the Social service team as a member of team of

diabetes care, for prevention and control of diabetic foot in the three areas; education, care and rehabilitation.

Rationale

This disease leads to numerous restrictions in patient functioning. The needs for continuous therapy and medical supervision as well as various complications exert a negative influence on the quality of life (QOL) in this group of patients. One of those complications – the diabetic foot – is a particularly important problem. In many cases it leads to foot ulceration and, in consequence, amputation. These unfavorable aftermaths of diabetes not only cause limitations in physical functioning, but also negatively influence patients' psychosocial functioning and require multidisciplinary support from a therapeutic care team and Social workers. Until recently, research Social workers in diabetes focused almost exclusively on self-care behaviors and the burdens associated with management of glycemia, to the near total neglect of the effects of chronic complications such as diabetic neuropathy and foot ulceration. There has now been some progress in role of the Social worker team, as evidenced by the emergence of patient-centered and theory-based methods to identify psychological factors that influence adherence to foot self-care, emotional status, and QoL of patients suffering from diabetic foot complications. In response to a steady increase in publications in this field over the past 5 years .

Aim of the Study

To Assessment its bio psychosocial challenges , and the roles health care social workers that may be assumed in assisting adult patients in Makah Al-Mokarramah , Saudi Arabia2022.

Objectives:

To Assessment its bio psychosocial challenges , and the roles health care social workers that may be assumed in assisting adult patients in Makah Al-Mokarramah , Saudi Arabia2022

Subjects and methods :

Study design:

This cross-sectional survey has been conducted among diabetic foot ulceration patient in the city of Makah. The study carried for 2 month was performed between June 2022 and March 2022, among diabetic foot ulceration patient attend

Study setting / study area:

Patients were selected from a tertiary referral center that treats foot problems in persons with diabetes (Diabetic Foot Clinics Center and/or Vascular Surgery Departments in 3 hospitals at Makah). There is in them multidisciplinary limb salvage team . Patients with a history of DFU(s) and/or minor amputation (toe, toes, or part of the foot) and/or major amputation (ankle or above) were identified and approached for participation during regularly scheduled clinic appointment or by phone calls, to assessment the impact of the patient perspectives on the physical, psycho-social, and financial impacts of diabetic foot ulceration and amputation, also a self-administered questionnaire was designed and has been send to the study participants, was performed between June 2022 and March 2022. Our total participants were (200). The study under supervision of Directorate of Health Affairs of Makah in Saudi Arabia. The study has been carried out in the city of Makah, Makah is the holiest spot on Earth. It is the birthplace of the Prophet Mohammad and the principal place of the pilgrims to perform Umrah and Hajj. The most important cities in Saudi Arabia . It is the holy city for all Muslims, and is located in the western area in Kingdom of Saudi Arabia

Study population:
The study has been conducted among diabetic foot ulceration patient attend the (Diabetic Foot Clinics Center and/or Vascular Surgery Departments in 3 hospitals at Makah).

Selection criteria:

Inclusion Criteria :

- All Saudi patient diabetic foot ulceration visits a tertiary referral center that treats foot problems in persons with diabetes.
- patient who are more than 20 years of age
- Patients with a history of DFU(s)

Exclusion criteria:

- Saudi younger than 20 years
- Participants who did not consent to participate in the study, and/or did not answer the questions of the study.
- Patients with language barriers .

Study Sample:
The sample size has been calculated by applying Raosoft sample size calculator based on (The margin of error: 5%, Confidence level: 95%, and the response distribution was considered to be 20%) accordingly the Sample size is 300 of diabetic foot ulceration and amputation Saudi patient attending in tertiary referral center and adding 10 more to decrease margin of error. After adding 5% oversampling, the minimum calculated sample has been 200. Computer generated simple random sampling technique was used to select the study participants.

Sampling technique:
Systematic random sampling technique is adopted. By using systematic sampling random as dividing the total diabetic foot ulceration and amputation Saudi patient attending in tertiary referral center by the required sample size; (200)

Data collection methods:
The self-administered questionnaire is designed based on previous studies and frameworks to assessment Patient perspectives on the physical, psycho-social, and financial impacts of diabetic foot ulceration and amputation in Makah Al-Mokarramah , Saudi Arabia2022.

The questionnaire was developed in English and was then translated into Arabic. The questions were first pre-tested and were revised and finalized after it was pilot tested. Before completing the survey, participants were required to indicate their consent using a forced response question followed by the survey questionnaires. The survey is estimated to take 10 min to complete .

To collect the information, a set of questions were constructed and developed .
The questionnaire consisted of two main sections; the first section focuses on Socio demographic and background information such as age, education level, outcome and gender of the participant's impact of the Social and psychological service patient attend the (Diabetic Foot Clinics Center and/or Vascular Surgery Departments in 3 hospitals at Makah), Second section focuses on questions role of social work

A Pilot study
Was carried out at the questions were first pre-tested and were revised and finalized after it was pilot tested. Before completing the survey, participants were required to indicate their consent using a forced response question followed by the survey questionnaires. This study has been conducted and all suggestions taken into consideration.

Data analysis

The Statistical Package for Social Sciences (SPSS) software version 24.0 has been used for data entry and analysis. Descriptive statistics (e.g., number, percentage) and analytic statistics using test for the association and the difference between two categorical variables were applied. A p-value ≤ 0.05 has been considered statistically significant.

Ethical consideration :

- Permission from family medicine program was obtained .
- Permission from the regional Research and Ethical Committee was being given to conduct our study.
- All the subjects have been participating voluntarily in the study .
- Privacy of information and confidentiality has been maintained .
- Full explanation about the study and its purpose was carried out to obtain their participation.

Budget: Self-funded

Results :

Table 1. Distribution of the demographic characteristics of the participants (n=200)

	N	%
Age		
20-30	42	21
30-40	58	29
40-50	62	31
>50	38	19
Sex		
Male	104	52
Female	96	48
Education		
Secondary school	24	12
Diploma	38	19
Bachelor's degree	44	22
University	94	47
Number of children		
One child	46	23
Two children	54	27
Three to five children	36	18
More than five	64	32
Nationality		
Saudi	130	65
Non-Saudi	70	35
Marital status		
Single	84	42
Married	42	21
Divorced	38	19
Widow	36	18

Family income		
Low	68	34
Middle	44	22
High	88	44
Type of work		
Civil servant	38	19
Self-employed/business	58	29
House wife	76	38
Student	20	10
Farmer	8	4

Table 1 shows that most of the participants were (31.0%) in the age group 40-50 years, followed by age 30-40 were (29.0%), regarding gender the majority of them were male (52.0%) while female (48.0%), regarding level of education the majority of participant are University degree were (47.0%), followed by Bachelor's degree were (22.0%) , regarding the Number of children the majority of participant more than five were (32.0%) while tow child were(27.0%), also regarding the nationality most of participants Saudi were(65.0%) while non-Saudi were (35.0%), regarding the marital stats most of participants single were(42.0%)while married were(21.0%), regarding Family income the majority of participant are high were(44.0%) followed by low were (34.0%), regarding Type of work the majority of participant are house wife were(38.0%) followed by Self-employed/business were (29.0%).

Table 2. Distribution of Participant Clinical characteristics by diabetic foot ulceration and amputation

	N	**%**
Duration of diabetes (yrs.)		
< 10	62	31
> =10	138	69
Diabetic foot ulcer		
Yes	58	29
No	142	71
History of amputation		
Yes	82	41
No	118	59
History of hospitalization		
Yes	48	24
No	152	76
Body mass index (kg/m2)		
Underweight	48	24
Healthy weight	62	31
Overweight	38	19
Obesity	52	26
Complications (> = 2)		
Yes	124	62
No	76	38
Family history of diabetes		
Yes	144	72

No	56	28
Current smoker		
Yes	104	52
No	96	48
Other chronic disease:		
Neuroischemic	64	32
Retinopathy	38	19
Nephropathy	44	22
No	54	27
Insulin therapy:		
yes	144	72
No	56	28
Pain:		
Yes	112	56
No	88	44

Table 2 shows regarding the duration of diabetes (yrs.) most of the participants > =10 were (69.0%) followed by < 10 were (31.0%), regarding diabetic foot ulcer the majority of them answer No were (71.0%) while Yes were (29.0%), regarding history of amputation the majority of participant answer No were (59.0%) while Yes were (41.0%), regarding the history of hospitalization the majority of participant answer No were (76.0%) followed by Yes were (24.0%), regarding the body mass index (kg/m2) the majority of participant healthy weight were (31.0%) while obesity were(26.0%), also regarding complications (> = 2) most of participants answer Yes were(62.0%) while No were (38.0%), regarding the Family history of diabetes most of participants answer Yes were(72.0%) No were (28.0%), regarding current smoker the majority of participant answer Yes were(52.0%) followed by No were (48.0%), regarding other chronic disease most of participants Neuroischemic were(32.0%) while No were (27.0%) followed by Nephropathy were (22.0%), regarding the insulin therapy most of participants answer Yes were(72.0%) while No were (28.0%), regarding pain the majority of participant answer Yes were(56.0%) followed by No were (44.0%).

Table 3 . Distribution of the Social Support and Activity service on diabetic foot ulceration and amputation participants' patient .

Social Support and Activity service	**Yes**		**No**		**Chi-square**	
	No	**%**	**No**	**%**	**X^2**	**P-value**
To Examine feet daily for discoloration, swelling, skin cracks, pain or numbness	152	76	48	24	54.080	<0.001*
Use the self-help methods to help foot examination such as using mirrors	132	66	68	34	20.480	<0.001*
Foot hygiene (daily washing, followed by drying feet carefully, especially between the fingers)	118	59	82	41	6.480	0.011*
Controlling water temperature before washing foot	154	77	46	23	58.320	<0.001*
To avoid going barefoot or wearing shoes without socks	142	71	58	29	35.280	<0.001*

To choose shoes that is precisely in size. (The best time for buying shoes is in the afternoon.)	128	64	72	36	15.680	<0.001*
Cutting the fingernails directly	140	70	60	30	32.000	<0.001*
To keep wet the dry surfaces of foot by moisturizing creams except	138	69	62	31	28.880	<0.001*

Table 3 shows distribution of the Social Support and Activity service on diabetic foot ulceration and amputation participants' patient, regarding to examine feet daily for discoloration, swelling, skin cracks, pain or numbness most of participants answer Yes were (76.0%), followed by No were (24.0%) while a significant correlation were p-value =0.001 and X^2 54.080. Regarding use the self-help methods to help foot examination such as using mirrors most of the participants answer Yes were (66.0%) while No were (34.0%), while a significant correlation were p-value =0.001 and X^2 20.480. Regarding Foot hygiene (daily washing, followed by drying feet carefully, especially between the fingers) most of the participants answer Yes were (59.0%) while No were (41.0%), while a significant correlation were p-value =0.011 and X^2 6.480. Regarding controlling water temperature before washing foot most of the participants answer Yes were (77.0%) while No were (23.0%), while a significant correlation were p-value =0.001 and X^2 58.320. Regarding To avoid going barefoot or wearing shoes without socks most of the participants answer Yes were (71.0%) while No were (29.0%), while a significant correlation were p-value =0.001 and X^2 35.280. Regarding to choose a shoe that is precisely in size . (The best time for buying shoes is in the afternoon) most of the participants answer Yes were (64.0%) while No were (36.0%), while a significant correlation were p-value =0.001 and X^2 15.680. Regarding cutting the fingernails directly most of the participants answer Yes were (70.0%) while No were (30.0%), while a significant correlation were p-value =0.001 and X^2 32.000. Regarding To keep wet the dry surfaces of foot by moisturizing creams except most of the participants answer Yes were (69.0%) while No were (31.0%), while a significant correlation were p-value =0.001 and X^2 28.880.

Figure 1 Distribution of the Social Support and Activity service on diabetic foot ulceration and amputation participants' patient

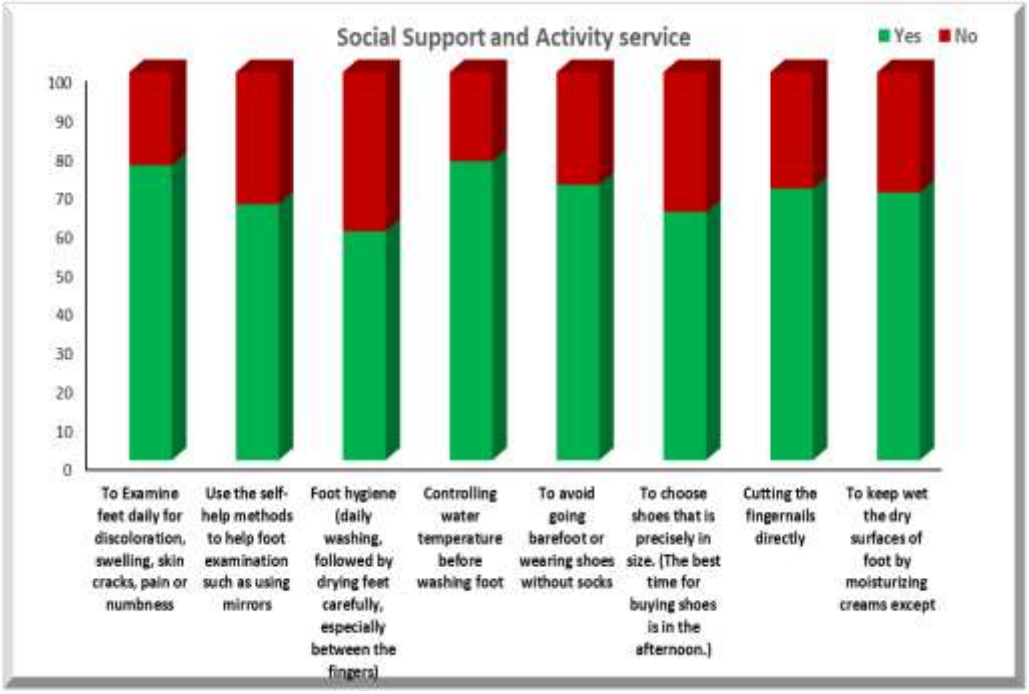

Table 4 . Distribution of the role of social worker diabetic foot ulceration and amputation participants' patient

Role of social worker	Yes		No		Chi-square	
	No	%	No	%	X^2	P-value
Do you visit to social worker	132	66	68	34	20.480	<0.001*
Social Support to avoid self-care impairment	94	47	106	53	0.720	0.396
Do you heave social worker /behavioral therapy	134	67	66	33	23.120	<0.001*
social worker support to diabetic foot ulceration and amputation very important	160	80	40	20	72.000	<0.001*
Psychological deterioration after diagnosis of diabetic foot amputation need to social worker to support the patient	174	87	26	13	109.520	<0.001*
Social worker helps in social support from family or friends	148	74	52	26	46.080	<0.001*
Need the social worker in accompany patient to appointments in the community	156	78	44	22	62.720	<0.001*
Social worker helps to confer with the patient other providers	128	64	72	36	15.680	<0.001*
Social worker speaks with on patient family or support system (with the patient consent)	134	67	66	33	23.120	<0.001*
Social worker does by ongoing monitoring of care plan improve the self-efficacy	152	76	48	24	54.080	<0.001*
Social worker does by visit the patient in treatment facilities/hospitals	156	78	44	22	62.720	<0.001*
Social worker monitor status of on patient case Visit on patient	152	76	48	24	54.080	<0.001*
Social worker provides prevention education session on patient	150	75	50	25	50.000	<0.001*
Social worker meets the patient upon when need	154	77	46	23	58.320	<0.001*

Need social worker to ask for help if reduction of the visual acuity.	138	69	62	31	28.880	<0.001*

Table 4 shows the role of social worker diabetic foot ulceration and amputation participants' patient, regarding you visit to social worker most of participants answer Yes were (66.0%), followed by No were (34.0%) while a significant correlation were p-value =0.001 and X^2 20.480. Regarding Social Support to avoid self-care impairment most of the participants answer No were (53.0%) while Yes were (47.0%), while no significant correlation were p-value =0.396 and X^2 0.720. Regarding you heave social worker /behavioral therapy most of the participants answer Yes were (67.0%) while No were (33.0%), while a significant correlation were p-value =0.001 and X^2 23.120. Regarding social worker support to diabetic foot ulceration and amputation very important most of the participants answer Yes were (80.0%) while No were (20.0%), while a significant correlation were p-value =0.001 and X^2 72.000. Regarding Psychological deterioration after diagnosis of diabetic foot amputation need to social worker to support the patient most of the participants answer Yes were (87.0%) while No were (13.0%), while a significant correlation were p-value =0.001 and X^2 109.520. Regarding Social worker helps in social support from family or friends most of the participants answer Yes were (74.0%) while No were (26.0%), while a significant correlation were p-value =0.001 and X^2 46.080. Regarding need the social worker in accompany patient to appointments in the community most of the participants answer Yes were (78.0%) while No were (22.0%), while a significant correlation were p-value =0.001 and X^2 62.720. Regarding Social worker helps to confer with the patient other providers most of the participants answer Yes were (64.0%) while No were (36.0%), while a significant correlation were p-value =0.001 and X^2 15.680. Regarding Social worker speaks with on patient family or support system (with the patient consent) most of the participants answer Yes were (67.0%) while No were (33.0%), while a significant correlation were p-value =0.001 and X^2 23.120. Regarding Social worker does by ongoing monitoring of care plan improve the self-efficacy most of the participants answer Yes were (76.0%) while Yes were (24.0%), while a significant correlation were p-value =0.001 and X^2 54.080. Regarding Social worker does by visit the patient in treatment facilities/hospitals most of the participants answer Yes were (78.0%) while No were (22.0%), while a significant correlation were p-value =0.001 and X^2 62.720. Regarding Social worker monitor status of on patient case Visit on patient most of the participants answer Yes were (76.0%) while No were (24.0%), while a significant correlation were p-value =0.001 and X^2 54.080. Regarding Social worker provides prevention education session on patient most of the participants answer Yes were (75.0%) while No were (25.0%), while a significant correlation were p-value =0.001 and X^2 50.000. Regarding Social worker meets the patient upon when need most of the participants answer Yes were (77.0%) while No were (3230%), while a significant correlation were p-value =0.001 and X^2 58.320. Regarding need social worker to ask for help if reduction of the visual acuity most of the participants answer No were (69.0%) while Yes were (31.0%), while a significant correlation were p-value =0.001 and X^2 28.880.

Discussion

The purpose of this study was to Assessment its bio psychosocial challenges , and the roles health care social workers that may be assumed in assisting adult patients in Makah Al-Mokarramah , Saudi Arabia2022. Diabetic foot as the most common cause of hospitalization in diabetic patients is one of health system concerns (24). Most of the time of diabetes healthcare providers is allocated to the prevention and diagnosis of diabetic foot complications. In this regard, multidisciplinary team found that can reduce amputation rates, prevent diabetes' complications and save costs social worker as members of the diabetes care team not only need to be play their role in health care, public education, health system management, patient care and improving the quality of life, but also must attend in special training to use the latest instructions of diabetic foot care in order that provides the

effective services to the physical, psycho-social, and financial impacts of diabetic foot ulceration and amputation facilitate promote diabetic patients health (25)

In our study shows that most of the participants were (31.0%) in the age group 40-50 years, gender the majority of them were male (52.0%), regarding level of education majority of participant are university degree were (47.0%), number of children more than five were (32.0%), nationality participants Saudi were(65.0%), marital stats participants single were(42.0%), family income high were(44.0%), Type of work the majority of participant are house wife were(38.0%).(See table 1)

The high prevalence of Social and psychological service problems that was found in this study is consistent with recent findings from two other Chinese research studies with relatively . The of self-reported symptoms of anxiety, depression and insomnia in these two previous surveys was 44.7%, 50.7% and 36.1%32 and 44.6%, 50.4% and 34.0%,17 respectively. Another study confirmed the severe mental health conditions in healthcare workers and indicated that medical health workers reported more symptoms compared with non-medical health workers.(31) In addition, compared with the general population (eg, 34.43% of the general population experienced psychological distress), (29) healthcare workers have a much higher risk of psychological problems (eg, anxiety, depression and insomnia) during the epidemic.(33) This may be related to the higher risk of infection on account of being exposed to patients with Infectious diseases patient and tedious work involved in caring for them and reminds us of the importance of providing psychological support to healthcare workers during a pandemic.

Regarding DASS depression most of participants in the normal depression were (32.0%), followed by Moderate depression were (26.0%) while Extremely Severe were (18.0%), while is a significant correlation were p-value =0.001 and X2 46.8. Regarding DASS anxiety most of the participants Mild anxiety were (34.0%) while Normal anxiety were (23.0%), followed by Moderate anxiety were (22.0%), while a significant correlation were p-value =0.001 and X2 59.1 Regarding DASS stress most of the participants Moderate stress were (34.0%) while Normal stress were (20.0%), followed by mild stress were (19.0%), while a significant correlation were p-value =0.001 and X2 45.9. (See Table3)

Conclusion

Diabetes and its complications negatively influence the bio-psycho-social functioning of patients . Patients with diabetic foot ulcers, a frequent cause of lower limp amputations and disability, constitute a group with a particularly severe burden. When caring for such a patient, there is a necessity for monitoring of particular support from a therapeutic care team and Social workers during therapy. The patient's psychological state with particular emphasis on presence and severity of anxiety and depressive symptoms is an important element of such support from a therapeutic care team and Social workers. Care life of patients with diabetic foot amputations and the need for psychological support requires social workers to reintegrate them into society, support of the entire therapeutic care team, social workers including emotional and educational support. An improved patient with diabetic foot amputations is essential to motivation for treatment and rehabilitation.

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