

Rutinbesöket hos diabetessjuksköterskan - Vårdmötet och dess innebörd för personer med typ 2 diabetes

AKADEMISK AVHANDLING

som för avläggande av filosofie doktorexamen med vederbörligt tillstånd av Sahlgrenska Akademin vid GÖTEBORGS UNIVERSITET, Göteborg, kommer att offentligt försvaras fredagen den 28/1 2011 kl. 13.00 i hörsal 2119, Arvid Wallgrens Backe 2, Hus 2

av
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Fakultetsopponent är professor Berit Lundman,
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Avhandlingen baseras på följande delarbete:

- I Edwall, L-L., Hellström, A-L., Öhrn, I. & Danielson, E. (2008). The lived experience of the diabetes nurse specialist regular check-ups, as narrated by patients with type 2 diabetes. *The Journal of Clinical Nursing*, 17, 772–781.
- II Edwall, L-L., Danielson, E., Smide, B. & Öhrn, I. (2010). Interaction between patients with type 2 diabetes and diabetes nurse specialists during annual check-ups: A study using video recordings. *The Internet Journal of Advanced Nursing Practice*.11 (1).
- III Edwall, L-L., Danielson, E. & Öhrn, I. (2010). The meaning of a consultation with the diabetes nurse specialist. *Scandinavian Journal of Caring Sciences*, 24, 341-348.
- IV Edwall, L-L., Smide, B., Danielson E. & Lepp, M. Foot examinations performed at two Swedish diabetes clinics– a descriptive longitudinal study. (Submitted).



GÖTEBORGS UNIVERSITET

The regular check-up with the diabetes nurse specialist- The meaning of the care meeting for persons with type 2 diabetes

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Gothenburg, Sweden 2011

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ABSTRACT

Background and aim: Diabetes care with diabetes nurse-led clinics in primary care has been established in Sweden since the 1980s. Patients with Type 2 diabetes are involved in lifelong treatment through annual diabetes check-up performed by the diabetes nurse specialists. The meaning is to promote patient's health, diabetes control as well as the recommended physical examination. Knowledge about patients' lived experience of these regular check-ups is important for the further development of diabetes nursing in primary care (study I). However, the communication depends on each party's agenda or goals and the interaction structure during these check-ups is rarely studied (study II). Another aim was to elucidate the essential meaning of a consultation between diabetes nurse specialists and patients to gain a deeper understanding of the patients' experiences (study III). Finally the glycaemic control, patients' perceived foot problems, reported self foot care and outcomes of foot examination performed by DNSs over a four year period were investigated (study IV).

Methods: Narrative interviews were conducted with 20 patients and a phenomenological-hermeneutic method was used in the analysis and interpretation of the text (study I, III). In study II an applied conversation analysis was used in 20 video observations. A descriptive longitudinal study on foot examinations was completed at two diabetes nurse-led clinics in primary care (study IV). Patients (n=243) were examined at the clinics in 1999 and 2004.

Results: Patients showed an overall positive influence on their way of living with the disease by being confirmed, being guided within the disease process, becoming confident and independent and being relieved (study I). Annual check-ups consisted of five phases: opening, health history, physical examination, conclusion and closing. The informative value of check-ups varied depending on, the patients' problems and the type of examination used, among other things (study II). The patient's experience of a consultation was interpreted as manifestation of hold on the disease control. This means a safeguard to continue daily life shown in the four themes being controlled, feeling exposed, feeling comfortable, and feeling prepared (study III). Although the increased risk to patients' foot complications over the period, a lack of compliance to basic foot care was revealed. This raised question about the informative value of foot care discussions at regular annual check-ups (study IV).

Relevance to clinical practice and implications: The development of diabetes-nurse-led clinics from the perspective of the patient must consider the patient's individual need for support and continuity with the diabetes nurse specialist. Routines of instruction to patients during physical examination procedures have an influence on patients' understanding of measurement outcomes. Diabetes nurse specialists need to monitor all patients' foot care as patients need to know the importance of self foot care .

Keywords: Conversation analysis, diabetic foot care examination, diabetes nurse specialist, lived experiences, phenomenological-hermeneutic, physical examination, regular check-ups type 2 diabetes, video-recordings.

ISBN 978-91-628-8220-4