



## Patients' readiness to receive psychosocial care during nurse-led routine diabetes consultations in primary care: A mixed methods study<sup>☆</sup>



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### ABSTRACT

**Background:** Patients with type 2 diabetes mellitus face several emotional and social consequences of their chronic illness in their everyday life. Symptoms of distress and depression are prevalent. For providing psychosocial self-management support, nurses in primary care were trained to identify patients with psychosocial problems during routine medically-shaped diabetes consultations. However, detection rates appeared to be strikingly low.

**Objectives:** Our study aimed to examine patients' readiness to discuss psychosocial problems with nurses during diabetes consultations.

**Design:** A mixed methods design was used in which qualitative data collection was followed up by quantitative data collection.

**Setting:** Diabetes care in a regional group of family practices in the south of the Netherlands.

**Participants:** Type 2 diabetes patients with psychosocial problems, determined by a self-administered questionnaire.

**Methods:** First, in-depth interviews (n = 12) were conducted about patients' experiences with routine diabetes consultations and their perspective on a biopsychosocial care approach. Based on a qualitative content analysis, a structured questionnaire was designed to further explore the findings among a larger group of patients. This questionnaire was completed by 205 patients. The questionnaire included 14 items measuring patients' agreement with statements about diabetes care and the role of the nurse to focus on patients' emotional and social functioning.

**Results:** The interviews showed that patients view a diabetes consultation primarily as a biomedical check-up, and do not perceive discussion of psychosocial well-being as an integral part of diabetes management. More than 90% of the sample showed a positive attitude towards current diabetes consultations. Patients' intentions and perceived needs regarding a biopsychosocial care approach of the nurse were variable. Younger patients seemed more open to discussing psychosocial problems with the nurse than patients over 65. Patients' openness to discussing psychosocial problems was not significantly ( $p < 0.05$ ) associated with the nurses being trained in the biopsychosocial self-management approach.

**Conclusion:** Patients see primary care nurses primarily as specialists regarding the biomedical management of diabetes. Although patients seemed to support the ideal of integrated care, they did

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not expect a discussion about psychosocial problems in diabetes consultations. The incorporation of systematic detection of patients with psychosocial problems in diabetes care requires endeavours to make patients acquainted with the new role of the nurse.

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### What is already known about the paper?

- Self-management support is a key component of effective diabetes care.
- Nurses in the family practice can play a crucial role in promoting patients' self-management skills.
- The routine care for type 2 diabetes patients is primarily focused on biomedical self-management tasks.

### What this paper adds

- Patients see a diabetes consultation primarily as a biomedical check-up, and don't expect a discussion about psychosocial issues with the practice nurse.
- Patients support the ideal of a biopsychosocial care approach of the practice nurse.
- Patients' expectations seem to be a vital factor for realizing biopsychosocial care.

## 1. Introduction

The transition from a largely acute care model into chronic care management for the increasing number of patients with chronic conditions changes the roles of health care professionals. Instead of prescribing medical interventions, the main focus shifts to a collaborative approach between health professionals and patients, aimed at supporting patients in acquiring the skills and confidence to manage their chronic conditions in their everyday lives (Bodenheimer et al., 2002). Evidence across multiple chronic conditions suggests that effective self-management support can improve patients' self-care behaviours, health outcomes and daily functioning (Barlow et al., 2002; Franek, 2013).

In scientific literature, the concept of self-management refers to patients' decisions and actions regarding the medical, emotional and role management tasks (Lorig and Holman, 2003). Such a biopsychosocial approach of self-management is also crucial in diabetes care. Patients with type 2 diabetes mellitus do not only face challenges in daily life with regard to medication and lifestyle issues. They may also experience emotions like anger, fear, frustration and depression (Pearce et al., 2013). Research has shown that symptoms of distress and depression are prevalent among diabetes patients (Pouwer, 2009). These emotional problems are associated with a negative impact on glycaemic control, adherence to treatment, complication rates and well-being (Egede and Ellis, 2010; Fisher et al., 2010). In addition to the medical and emotional self-management tasks, patients with chronic conditions have to create new, meaningful social roles (Lorig and Holman, 2003). Qualitative studies have illustrated the social demands imposed by diabetes, and the challenges of finding a balance between diabetes management and living a 'normal life' (Hinder and Greenhalgh, 2012; Townsend et al., 2006).

Patients with diabetes are increasingly monitored by nurses in the family practice. These nurses can play a crucial role in helping patients to engage in behaviours that affect their health in a positive way. However, studies in western countries show limited attention in chronic care consultations towards emotional and social consequences of chronic illness (Elissen et al., 2013; Mulder et al., 2015). Although systematic screening for psychological problems is recommended in international guidelines (IDF Clinical Guidelines Task Force, 2012), the primary focus of diabetes

consultations is on somatic aspects, medication and lifestyle issues (Elissen et al., 2013).

In order to realise a shift towards a biopsychosocial approach in diabetes care, nurses in Dutch family medicine were taught to detect patients who perceived a burden of diabetes in their daily functioning and with symptoms of emotional distress, and to provide self-management support when needed. The number of patients who were detected by the nurses were strikingly small. This could be ascribed to limitations in the nurses' detection skills, but also to the extent to which the biopsychosocial approach met the needs of the patients. The need to further explore patients' perceptions as consumers of care is increasingly recognized in the literature since patient satisfaction has been linked to patient compliance and clinical outcomes. (Halcomb et al., 2013). Research showed that greater clarity around the role of the nurse may enhance the acceptability of a nurse-led intervention (Halcomb et al., 2013). In this regard, we questioned whether patients in our study were ready to disclose their emotional and social problems to the practice nurse as they may have been socialized 'into the role of passive subjects of surveillance' due to somatic-oriented consultations (Chew-Graham et al., 2013). Their awareness of the importance of self-management, and their own sense of responsibility seems to be low, at least according to health professionals (Raaijmakers et al., 2013).

This paper aims to improve our understanding of patients' readiness to discuss psychosocial issues with nurses in the context of a medically-shaped diabetes consultation. We formulated the following research question: How do patients experience their current diabetes care, and what are their perspectives on a biopsychosocial care approach delivered by nurses during routine diabetes consultations?

## 2. Methods

### 2.1. Design of the study

We used a mixed methods design (Greene et al., 1989) to obtain a comprehensive understanding of patients' perspectives on biopsychosocial diabetes care. The study used an exploratory-sequential approach (Edmonds and Kennedy, 2013), in which qualitative data collection was followed up by quantitative data collection. First, in-depth interviews were conducted and analysed. The subsequent quantitative phase aimed to further explore associations between perspectives on diabetes care and patient characteristics among a larger group of patients. This mixed methods study was part of a larger research project that was aimed at implementation of biopsychosocial self-management support in routine diabetes care (Van Dijk-de Vries et al., 2013). This larger study included a process evaluation and a pragmatic cluster-randomized trial ('SMS trial') in which patients who received diabetes care from nurses trained in the biopsychosocial self-management support approach were compared with patients who received usual care (Van Dijk-de Vries et al., 2015).

### 2.2. Study setting

The study has been conducted in the Dutch primary care setting, in which most patients with type 2 diabetes mellitus have quarterly consultations of 20–30 min with practice nurses in the

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