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Canadian Journal of Diabetes

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**DIABETES  
CANADA**



## Original Research

# A Canadian Cross-Sectional Survey on Psychosocial Supports for People Living Type 1 or 2 Diabetes: Health-Care Providers' Awareness, Capacity, and Motivation

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### Key Messages

1. For effective diabetes self-management, healthcare professionals in Canada consistently reported the high importance of psychosocial issues related and unrelated to diabetes.
2. Despite the motivation to want to address these issues, the capacity to do so is low (26-62% reported feeling confident in their ability to address these issues) as is opportunity (29-38% reported having access to educational and clinical resources).

## ARTICLE INFO

### Article history:

Received 12 July 2017

Received in revised form

27 August 2017

Accepted 5 September 2017

### Keywords:

Capacity-Opportunity-Motivation  
Behaviour (COM-B)  
diabetes  
mental health psychosocial issues  
self-management

## ABSTRACT

**Objectives:** Addressing psychosocial issues is critical for diabetes self-management. This work explores health-care professionals' (HCPs') 1) perceived relevance of various psychosocial issues in diabetes management and 2) confidence in working on these issues within their services.

**Methods:** An online cross-sectional survey was developed based on the Capacity-Opportunity-Motivation Behaviour Model. It assessed self-rated confidence in supporting patients with psychosocial issues (capability), perceived relevance of these issues (motivation) and facilitators of skill development (opportunity). An e-mail invitation was sent to all Diabetes Canada's professional members, conference delegates and committee members. Qualitative responses were analyzed using thematic analysis.

**Results:** Of the 260 responses received (25% response rate), many were Diabetes Canada professional members (83%) and/or certified diabetes educators (66%). The largest professional groups in the sample were registered nurses (44%) and registered dietitians (33%). All psychosocial issues were perceived as somewhat or extremely important by at least 80% of respondents (range, 80% to 97%). However, HCPs were less confident in supporting their patients with these psychosocial issues; significantly fewer respondents reported that they felt somewhat or extremely confident (range, 26% to 62%). Depression (80%) and anxiety (80%) were the issues in which guidance was most desired. Most respondents wanted some form of formal self-management support training (83%). Preferred training methods included in-person workshops (56%), webinars (56%) and conference sessions (51%).

**Conclusions:** Motivation to address psychosocial issues in diabetes was high, but capacity to do so and opportunity to learn how were both low. These findings can be used to develop a targeted strategy to help address this gap.

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<https://doi.org/10.1016/j.jcjd.2017.09.004>

## R É S U M É

**Mots clés :**  
modèle COM-B (de l'anglais, Capacity-  
Opportunity-Motivation Behaviour)  
diabète  
problèmes psychosociaux et en santé  
mentale  
prise en charge autonome

**Objectifs :** Résoudre les problèmes psychosociaux est essentiel à la prise en charge autonome du diabète. Ces travaux portent sur : 1) la perception des professionnels de la santé (PS) quant à la pertinence des divers problèmes psychosociaux dans la prise en charge du diabète; 2) la confiance qu'ont les PS de travailler sur ces problèmes dans leurs services.

**Méthodes :** Nous avons élaboré une enquête transversale en ligne selon le modèle COM-B (de l'anglais, Capacity-Opportunity-Motivation Behaviour). Elle évaluait le niveau de confiance que les PS s'attribuaient concernant l'accompagnement des patients ayant des problèmes psychosociaux (aptitude), la perception de la pertinence de ces problèmes (motivation) et les facilitateurs du développement des compétences (opportunité). Nous avons envoyé une invitation par courriel à tous les membres professionnels, aux congressistes et aux membres des comités de Diabète Canada. Les réponses qualitatives ont été soumises à une analyse thématique.

**Résultats :** Parmi les 260 réponses reçues (taux de réponse de 25 %), plusieurs provenaient des membres professionnels de Diabète Canada (83 %) ou des éducateurs agréés en diabète (66 %), ou des deux. Les plus grands groupes professionnels de l'échantillon concernaient les infirmiers autorisés (44 %) et les diététiciens agréés (33 %). Tous les problèmes psychosociaux étaient perçus comme peu ou extrêmement importants par au moins 80 % des répondants (étendue, de 80 % à 97 %). Toutefois, la confiance qu'avaient les PS dans l'accompagnement de leurs patients concernant les problèmes psychosociaux était moindre; beaucoup moins de répondants déclaraient qu'ils se sentaient peu ou extrêmement en confiance (étendue, de 26 % à 62 %). La dépression (80 %) et l'anxiété (80 %) étaient les problèmes pour lesquels les PS souhaitaient des conseils. La plupart des répondants voulaient un type de formation formelle en accompagnement du patient dans la prise en charge autonome (83 %). Les méthodes de formation privilégiées étaient les suivantes : les ateliers en personne (56 %), les webinaires (56 %) et les conférences (51 %).

**Conclusions :** La motivation à résoudre les problèmes psychosociaux liés au diabète était grande, mais la capacité à les résoudre et l'opportunité d'apprendre comment les résoudre étaient faibles. Ces conclusions peuvent servir à élaborer une stratégie ciblée qui contribuera à remédier à ces lacunes.

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## Introduction

The importance of psychological and social issues in the management of diabetes is becoming increasingly understood (1–6). A number of studies indicate that diabetes can be a burden to those living with the disease (4,7) as well as to family members. Consistent with this growing awareness, addressing psychosocial issues in diabetes has been incorporated into Diabetes Canada's clinical practice guidelines for the past 3 iterations (8–10).

Psychosocial issues have the potential to interfere with achieving the recommendations of diabetes self-management education (11,12). The nature of this interference can be understood in a bidirectional manner. That is, diabetes can be the source of psychosocial issues that impact people's abilities to manage diabetes and benefit from professional services (i.e. diabetes-dependent psychosocial issues). At the same time, there can be other sources of psychosocial issues that can also impact people's abilities to manage diabetes and benefit from professional services (i.e. diabetes-independent psychosocial issues).

Diabetes is a disease that can have strong negative impacts on psychosocial functioning (13,14). This can be understood by reflecting on the nature of diabetes from the lived-experience perspective. As a self-managed disease, the burden of care falls primarily on the person with diabetes and their family members. As such, diabetes has the following characteristics that can be of concern. Diabetes management is often complex, demanding, unpredictable and unforgiving. From this, it is little wonder that some people living with diabetes can experience diabetes-dependent psychosocial issues. In fact, recent research has validated the construct of diabetes distress as distinct from clinical depression (15–21). Diabetes distress can be understood vis à vis the emotional burden of living with the disease, the distress associated with the often complex self-management regimen and the challenges in social support, both with family members and friends as well as with providers. In addition, there are common challenges associated with reluctance to

start or titrate insulin (psychological insulin resistance) (22–26) and fear of hypoglycemia for those using insulin (27–37). At the same time, mental health disorders independent of diabetes have been shown to have strong negative impacts on diabetes management and outcomes. Specifically, depression, anxiety disorders, eating disorders, personality disorders as well as attention-deficit disorders all interfere with the ability of people to benefit from care (12).

Diabetes health-care professionals now face the challenge of integrating, within the scope of practice, assessment and intervention strategies to manage the psychosocial issues of living with diabetes that present within their care. Yet most diabetes providers are medically trained, with limited exposure to psychosocial management from the perspectives of theory, evidence or practice. In the recent Diabetes Attitudes, Wishes and Needs Second study (DAWN2) diabetes providers (endocrinologists, family physicians, nurses and dietitians) were surveyed regarding their attitudes toward psychosocial issues. Both the global (17 countries, N=4785 providers) and Canadian (N=280 providers) results indicated that providers recognized a need for addressing psychosocial issues but acknowledged that training and referral options were limited (4,6).

There are several existing techniques and interventions that can be utilized by diabetes professionals for psychosocial management (Table 1). Filling the gap between the need for effective psychosocial management as part of routine diabetes services and the knowledge and skill of health-care providers to provide this support is a critical issue in diabetes care. Diabetes Canada has been aware of this gap and, thus, has developed strategies to address it. One current initiative that has shown potential has been the use of online learning tools for providers to become familiar with theory-driven, evidence-based psychosocial management strategies. In order to make best use of these types of resources, our group conducted a needs assessment of the Canadian diabetes health-care professional community so as to better understand their views about the importance of specific psychosocial issues in diabetes care. The main issue of interest was how to support diabetes health-care professionals

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