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Diabetes nursing:

Clinical and organizational knowledge as aspects of diabetes management in children with type 1 diabetes

Vibeke Lauritzen, Assistant professor, Ingrid Waldahl Assistant professor.

Departement of Health and Care Sciences, Faculty of Health Sciences

/ INTRODUCTION

The background of this study is the world wide increase in type 1- diabetes in children. The international diabetes federation (IDF) estimates that approximately 500.000 children under the age of 15 have type 1- diabetes (1).

Type 1 diabetes is a national and international health problem, and Norway has amongst the highest incidence of type 1 diabetes in the world. The incidence in Norway has increased by 30% in the last 15 years, and the rate among Norwegian children was 32.5 per 100.000 person-years in 2012 (2).

Former national publications in Norway show low achievements for HbA1c in children with type 1 diabetes. Only 18 % achieved ISPADs goals for HbA1c in 2012 (2).

The aim of this study was to focus on nursing as a contribution in disease management and glycaemic control in children with diabetes.

/ METHOD

This is a qualitative study with a descriptive design. 7 nurses participated in two different focus groups.

4 of the nurses were diabetes specialist nurses, but all 7 worked with children with diabetes in either out-patient clinics or in children's units in hospitals. The participants worked in 6 different hospitals in different regions in Norway. They were all women. The interviews took place during a national conference for nurses working with children and diabetes.

The transcript of the audio-recorded interviews were analysed by Qualitative descriptions following the methods by Graneheim & Lundman (3)

We got 5 categories and 2 themes.

RESULTS AND FINDINGS

The 2 main themes found in this study were:

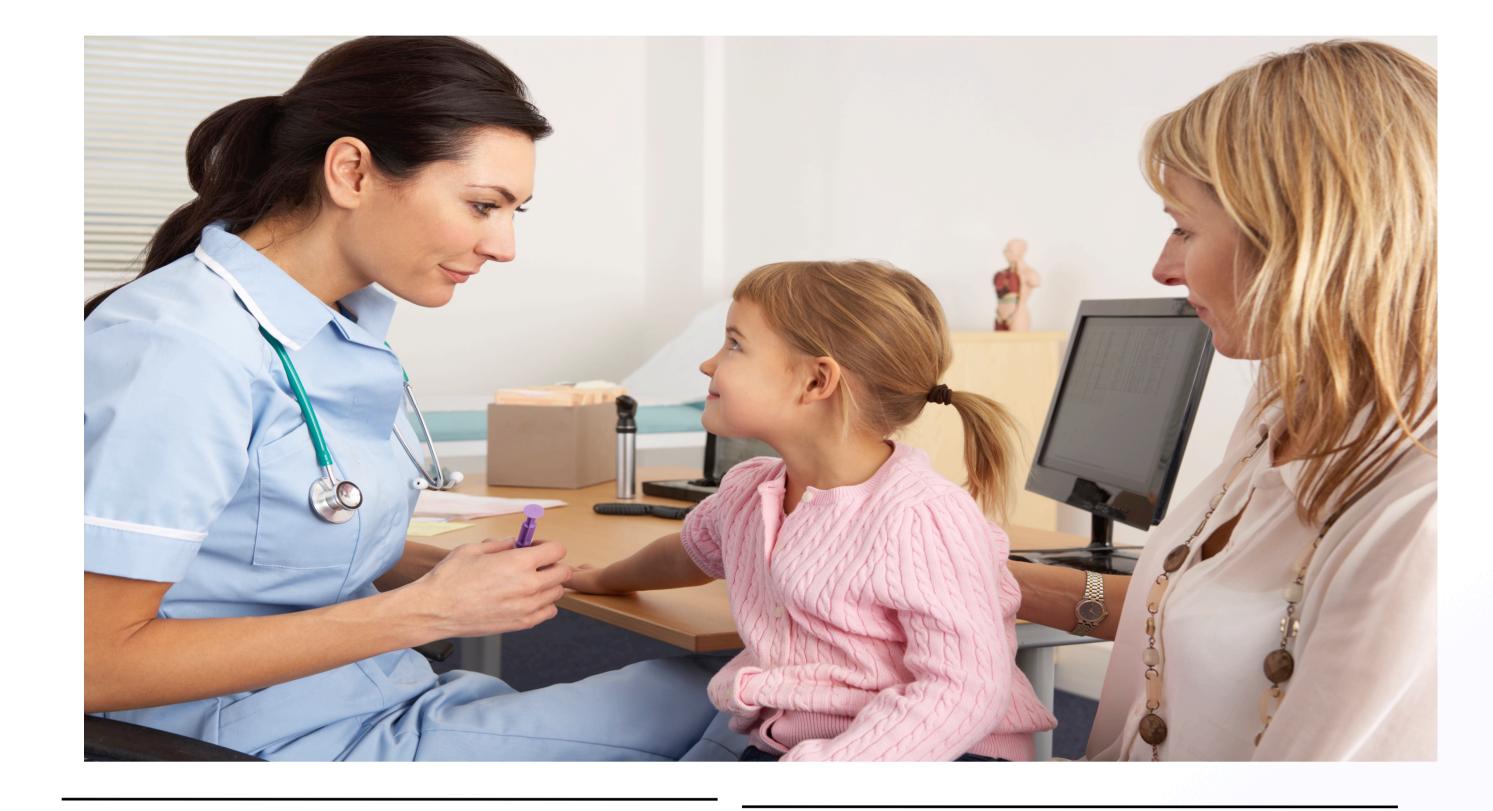
- 1. «clinical challenges and contributions in diabetes nursing»
- 2. «organizational challenges and contribution in diabetes nursing».

Clinical challenges and contributions in diabetes nursing:

- The children's coping and motivation are essential
- Increased consultation frequency is only effect full when the children are motivated to change behaviour themselves
- It is important to set partial goals as a motivation to achieving international goals for HbA1c.
- Good relationship and trust between the nurses and the children are important.
- The adolescents do not have lack of competence, will or diabetes-understanding, but the motivation to obtain compliance is not always there.

Organizational challenges and contribution in diabetes nursing

- Short of time
- International and national goals for HbA1c is not the main focus in the consultation, but the importance of good quality of life.
- HbA1c is given a increased focus when above 8,0 %.
- The nurses communicate with their patients using telephone, SMS, email and Facebook.
- The consultations are held in either individual based dialog or with several patients together in group consultations.
- Cross-functional health care teams and the diabetes doctors are important collaborators, but the cooperation is also considered a challenge.



/ DISCUSSION

In this study we see that the diabetes nurses see themselves as more than an medical superviser.

The main tasks are considered to be treatment and individually based diabetes care in which promotes motivatoin, coping and self care.

The nurses have to use national and international diabetes-guidelines in their work, together with financial constraints.

The use of group consultations and alternative communication forms are considered both important and possible ways to reach the children and their families in a hectic everyday life.

Diabetes team and the use of other professional contributors are also important aspects in a good holistic diabetes care for the children with type 1 diabetes.

CONCLUSIONS

The study's conclusion is that diabetes specialist nurses contributions to chronic disease management is more than achieving ISPADs goals for HbA1c.

The nurses want less focus on HbA1c in consultations. Good clinical and organizational skills together with coping and motivation are essential for how children can achieve treatment goals.

/ REFERENCES

1) International Diabetes Federation. (2013). IDF Diabetes atlas (2-930229-72-1).

2) The Norwegian Childhood Diabetes Registry (BDR), Skrivarhaug, Kummernes & Drivvoll, 2014)

3) Graneheim, U.H. & Lundman, B. (2004). Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. Nurse Educ.Today, 24 (2), 105-112.

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CONTACT INFORMATION

Vibeke Lauritzen, +4790155938, vibeke.lauritzen@uit.no

Ingrid Waldahl, +4790205432, ingrid.waldahl@uit.no

