

# HEALTHCARE PROFESSIONALS' EXPERIENCES OF CARDIOVASCULAR RISK IN TYPE 2 DIABETES IN PRIMARY CARE

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## **Background**

- Among persons living with type 2 diabetes, (T2D), cardiovascular disease (CVD) is the leading cause of mortality.
- Metabolic control diminishes long-term cardiovascular and other diabetes-related complications.
- Health care professionals (HCPs) in primary care (physicians and diabetes nurses) have an important role in providing effective support in self-management to reduce CVD risk.
- Previous results indicate that a disparity of concordance exists between the HCPs and persons living with T2D in the context of communicating CVD risk.
- Moreover, it is evident that persons living with T2D and HCPs often have different perspectives on diabetes.

### **Aim:**

To describe diabetes nurses and physicians in primary healthcare, experiences of identifying, communicating, and acting on cardiovascular risk in type 2 diabetes



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## METHOD

### Participants

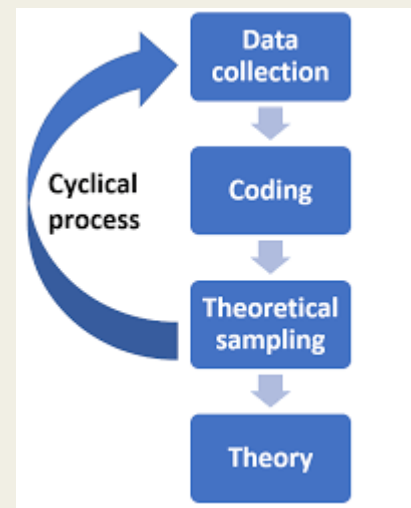
- Physicians and diabetes nurses (n=10) having at least two years of working experience with persons living with type 2 diabetes.
- From different healthcare centers in both rural and urban areas in Northern Sweden
- Age between 35 to 56 years, mean age 38
- Mean working experiences varied from 2 - 13 years.

### Data collection

- Ten semi-structured interviews with vignettes (hypothetical cases)

### Data analysis

- Constructivist Grounded theory method



## RESULTS

**Striving to reach out with the knowledge of CVD risk**

*"to adapt information so that the patients can take it in.. because if I give completely wrong adapted information, it's quite a waste,*

Identifying and assessing CVD risk

*Following Hba1C, lifestyle habits, and values to identify CVD risk*

*Understanding the value of their own professional competence in the communication of CVD risk*

*Using guidelines and risk assessment instruments*

*"I like to talk about fears and expectations, to try to find what is a good motivator for the patient as well".*

Adapting communication to the patient's situation and individual needs

*Identifying the patient's own pre-understanding*

*Motivating medical treatment and lifestyle changes*

*Trying to communicate CVD risk in a pedagogical and clear way*

*Being forced to accept not reaching out to all patients.*

*"But this trust again, if you want to accomplish change in people, they must start by trusting you. so building trust over time with the help of continuity is crucial".*

Building a trusting care relationship and being supportive

*Creating trust and understanding the patient's situation*

*Finding a balance between encouraging and demanding*

*"It has been so different how it has worked because we have not had a structured way of working around diabetes."*

Visioning a functional teamwork

*Feeling alone due to the shortage of physicians*

*Striving for shared responsibilities and consensus in diabetes care*

*Struggling with lack of time, continuity, and resources*

## CONCLUSION

- The HCPs are taking big responsibility for the risk information
- The process is affected by the patient's ability to achieve knowledge, the consensus in the diabetes team, and the healthcare environment.
- The HCPs ask for better consensus for the diabetes team, new pedagogical approaches, developed communicative competence, and better working conditions to develop the risk information for persons living with type 2 diabetes.

