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
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

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

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.

Building a trusting care relationship and being supportive

Creating trust and understanding the patient’s situation
Finding a balance between encouraging and demanding

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

Striving to reach out with the knowledge of CVD risk

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