



**VÅRD I HEMMET AV ÄLDRE PATIENTER  
MED DIABETES TYP 2 -  
DISTRIKTSSKÖTERS KORNAS  
ERFARENHET.**

**HOME CARE OF ELDERLY PATIENTS  
WITH DIABETES TYPE 2 - DISTRICT  
NURSE'S EXPERIENCE.**

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# SAMMANFATTNING

Titel:	Vård i hemmet av äldre patienter med diabetes typ 2- Distriktssköterskornas erfarenhet.
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**Bakgrund:** Diabetes typ 2 har ökat bland äldre. Distriktssköterskor har viktiga ansvarsområden i kommunen som t.ex. att tillhandahålla säker vård och förhindra komplikationer hos äldre patienter som bor hemma med diabetes typ 2, samt att ge stöd och samordna med andra vårdgivare. **Syfte:** syftet med studien var att belysa distriktssköterskors erfarenheter av att vårda patienter med diabetes typ 2 i hemmet. **Metod:** Sex distriktssköterskor från fem olika kommuner i Sverige deltog i en enkät undersökning. För att analysera data materialet användes en kvalitativ innehållsanalys. **Resultat:** Distriktssköterskorna upplevde brist på stöd från diabetessköterskan och allmänläkare från primärvård men fick hjälp från sina kollegor i kommunen, de upplevde svårigheter att få tillgång till patientjournaler samt hade hinder vid kompetensutveckling. Patienter saknade motivation och förväntade sig att distriktssköterskan ska ta ansvar för deras situation vilket upplevdes som en utmaning hos distriktssköterskorna. Erfarenhet av att jobba i team och att arbeta självständigt påverkade distriktssköterskorna positivt. **Slutsats:** Distriktssköterskor har många ansvarsområden och de behöver ett bra samarbete med sina kollegor för att kunna ge patientsäker vård. Forskning om relationen mellan patienten och distriktssköterskan, journal tillgång och patientperspektiv om sjukdomen behövs .

## ABSTRACT

Title: Home care of elderly patients with diabetes type 2 -  
District nurse's experience

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**Background:** Diabetes type 2 has increased among the elderly. The district nurse has a role by providing safe healthcare treatment and preventing long-term complications among elderly patients' living at home with diabetes type 2. They even give support and coordinating with other caregivers. **Aim:** To illuminate district nurse's experiences of providing home care to elderly patients' with diabetes type 2. **Method:** Six district nurses from five different municipalities in Sweden were chosen to do a survey research. Data was analyzed using qualitative content analysis. **Findings:** The district nurses experienced lack of support from diabetes nurses and general practitioners (GP) from primary care, but received assistance from their colleagues in the municipality, had difficulties accessing patient's records, and experienced hindrances to further their education. Patients lacked motivation and expected district nurses to take responsibility of their situation. An experience of teamwork and working independently made a positive impact to the district nurses. **Conclusion:** The district nurses have many areas of responsibility and need good collaboration with other colleagues to offer a quality care. Research on the relationship between the patient and the district nurse, medical record access and patient perspective on the disease is needed.

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## **INTRODUCTION**

The World Health Organization considers diabetes type 2 a pandemic and is working to provide evidence-based preventive measures to reduce its long-term medical complications. These measures aim at not just prolonging life but also improving the quality of life experienced by elderly patients with the disease. Diabetes type 2 is increasing among elderly people. Many of these elderly people have comorbidities such as cardiovascular disease, have poor access to social support, suffer nutritional deficiencies, and are often physically inactive. The district nurse has an important role in the municipal health care system such as provision of knowledge to facilitate self-care, and supportive supervision of health care providers within the department. With regard to elderly patients' with diabetes type 2, the district nurse can play a crucial role in ongoing patient care at home such as teaching patients' how to correctly perform a blood sugar test, interpret it, and seek urgent care where indicated. They also provide ongoing counseling on the need to prevent complications, adhere to treatment, and adjust their insulin/drug regimen based on their capillary- sugar level.

## **BACKGROUND**

### **The District nurses' responsibilities and role in home care**

The district nurse has a wide range of responsibilities' in home care. The district nurse is responsible for patient care, delegation of duties to nurse assistant, and continuing education for both patients' and staff members (SFS 2017:30). This means that the district nurse has a responsibility to promote health and prevent illness (Svensk sjuksköterskeförening, 2019), requiring that they have sufficient knowledge in diverse areas of nursing practice. A district nurse should promote health and at the same time provide support to the patient regardless of their situation (Svensk sjuksköterskeförening, 2019). This means that they adapt to different health situations without affecting the patients' health. Additionally, they facilitate a vital relationship with other staff members in order to achieve teamwork and encourage collaboration among the group.

According to Josefsson and Peltonen (2015), district nurses experienced poor cooperation with primary care. The district nurses lacked access to patients' records resulting in their inability to access important information crucial for patient management. The general practitioner (GP) was not available when needed, which meant that the district nurses had to await the outcome of the GPs' decisions. This caused delays in patient care and ultimately the district nurses had to make their own decisions. On the other hand, the district nurses perceived the workload within the municipal health care as positive because they were able to plan their working hours, how and when they would make their visits to the patients. This brought a feeling of freedom to the district nurses regarding working hours and it allowed them to have more time spent with the patients.

The district nurse and other staff members have the ethical responsibility to influence patient's health regardless of the social and economic status of the patient (Svensk sjuksköterskeförening, 2019). Graue et al (2013) stated that working with patients' who have diabetes type 2 requires adequate education on the disease, support from healthcare professions and improved professional competence to independently make the right decisions about healthcare. The research indicated that expertise in diabetes type 2 was important in helping district nurses and other healthcare workers to observe, evaluate and act upon their patients' complex needs. District nurses were understaffed while providing home care. This made them have problems in prioritizing and balancing work with too many patients to take care of and too little time to do their tasks. This was an obstacle in delivering high - quality healthcare. In addition, it was a requirement that they had to correctly document their observations in the patients' journal. The district nurses' social skills are an important tool that creates a respectful and trusting relationship with the patient and this allows the patient to feel safe and dare to ask questions. The patient and the district nurse needs to have an open and reflective conversation in which the district nurse appreciates the patient's perspectives (Jasink et al, 2010).

## **Home care**

Home care means getting healthcare assistance at home. This means that all efforts and assistance must be carried out by healthcare professionals who have expertise in that area or who have been delegated to carry out the work. The care provided in the home is based on the patients' needs and wishes (SOU 2011: 55). Every patient in need of assistance or intervention is entitled to home care as stipulated in the Health Care Act (SFS 2017: 30). The municipality is responsible for every patient who has been assigned home care as well as making an individualized plan based on the patient's needs. The individualized plan and decisions on the patient's nursing needs are made collectively with the patients, their relatives and healthcare workers. According to Graue et al (2013), the district nurses' skills and knowledge of caring for patients with diabetes type 2 living in the home resulted in an environment of trust. Lack of sufficient knowledge of the disease to make the right clinical decisions in the face of deterioration of the patients' condition was a challenge for some district nurses who cared for elderly patients at home. Patients' lack of confidence in the ability of district nurses to cope with emergent situations was challenging to the district nurses given that when they sought assistance, the GP were sometimes unsure or even unwilling to guide on what next steps to take. This made the district nurses feel that they did not receive adequate support from the GP and that they were bearing a difficult burden alone in emergent situations.

According to Modin et al (2010), Sweden has three models of home care which includes home care without medical interventions, home care where the patient receives care by the district nurse, and a team-based care in the home where the patient is receiving care similar to what is provided in hospital. It is important that district nurse and healthcare workers are available to the elderly patients living at home who are in need of them. The need for home care becomes more complex as more elderly patients prefer to live at home and many of them are discharged from the hospital with multiple health problems requiring follow up home care (Öresland et al, 2008).

## **Elderly patients' with diabetes type 2**

According to the World Health Organization (2019), an individual who is a minimum 65 years of age is considered elderly, which is the definition used in this study. Diabetes type 2 is part of the metabolic syndrome and is defined as a disease that occurs when the body is unable to produce insulin in adequate amounts or that the body has impaired insulin sensitivity/insulin resistance. Elderly patients' with diabetes type 2 may have symptoms such as increased thirst, increased urine production, loss of sensation or numbness in the feet and hands, fatigue, poor wound healing, recurrent lower genital-tract fungal infections, and impaired vision (Östgren, 2018). Elderly patients' with diabetes type 2 which is poorly controlled may experience both acute and long-term complications such as hyperglycemia, hypoglycemia, heart disease, stroke, chronic kidney disease, and severe wounds that may ultimately require amputations. In Sweden, about 50 percent of elderly patients' with diabetes type 2 are over 65 years old and 40 percent are over 70 years old (Diabetesförbundet, 2017).

Elderly patients may have high risk of developing diabetes type 2, given the combined effects of increased insulin resistance and their impaired pancreas that comes along with aging (Reyes et al, 2017). The age-related insulin resistance is primarily associated with patients who have obesity, have tendency of tiredness, weakness and lack of exercise (Bradley & Hsueh, 2016). The high prevalence of the disease in the elderly patients makes it important to highlight the impact of the district nurse role in patients' motivation for important lifestyle decisions. The district nurse is responsible for motivating older patients with diabetes type 2 to change lifestyle through eating a balanced diet, smoking cessation, and daily exercise. The district nurse should monitor the elderly patients' weight, blood sugar and blood pressure levels, provide dietary advice, and monitor and prevent the occurrence of wounds (Jansink et al, 2010). Patient education is critical for empowering diabetes type 2 patients so they can take their own blood sugar measurement, decide on medication, and overall promote quality of life and well-being.

The district nurse regularly monitors the patients' parameters, gives the patients' a sense of security and motivation for self-care. Good self-management of diabetes type 2 and good healthcare are crucial to reach euglycemia as this reduces morbidity thereby preventing mortality (Bradley & Hsueh, 2016). Being active and always participating in self-care is good for the patients and this makes an improvement in self-management of different situations in the course of their illness. This provides an opportunity for the elderly patients to control their own health (Ishak et al, 2017). As they become older, different challenges come with aging like osteoporosis, cognitive impairment, depression, urinary incontinence and complications from their diabetes (Bradley & Hsueh, 2016). This can make it difficult for the patients to properly perform self-care. Elderly patients who cannot perform self-care should get the right assistance from the district nurse. It is important for the district nurse to ensure that the elderly patients have the right healthcare service.



## **Person-centered care**

Person-centered care is a healthcare model that was formed to meet patients' needs. In this model, patients' needs are the main focus. The aim is to see the person behind the disease, their needs and experiences (Hörnsten & Udo, 2018). The district nurse should have an understanding of the patients' situation to promote healthcare and provide them with the support and help needed. They treat the patients and relatives with respect and promote the patients' participation. This means that patients' wishes are a priority and should be included in all healthcare decisions. This leads to good collaboration between them and better self-care (Lawler et al, 2019). According to SFS (2014: 821), good care must be person-centered and equal. Meetings with each patient must be unique and must be adapted to the patients' conditions and needs. The district nurse should guide and provide nursing care based on the patients' own needs. In addition they should inform the patients and give individually adapted advice and teachings. (Svensk sjuksköterskeförening, 2019).

Zotterman et al (2015) describes how the district nurses perceived importance to respond to the patients' needs and wishes. District nurses made an effort to collaborate with patients and this led to more effective care as the patients' needs and wishes was made a priority. The district nurses understood how important it was with person-centered care and this gave a positive effect to their way of working because it led to an increased understanding of the patients' needs. According to Blomqvist (2019) referring to Ekman et al (2011), there are three key concepts included in the Swedish concept of person-centered care. That states that patients have the right to their own story in the event of illness and this is important to identify the problem. Collaboration between the district nurse and patients is important in order to have a good relationship. It is important for the district nurse to always document all events and treatments in the patients' journal to ensure that they receive good quality care.

## **Orems self-care theory**

Self-care indicates that patients take their own initiative for their health. The district nurse should promote patients' ability for self-care. The goal of self-care is for patients' to be independent to perform their care and needs. This provides opportunities for development and improved quality of life. Self-care is a targeted action that patients with diabetes type 2 can perform for their well-being. The act of self-care comes with a will and desire that makes them have the ability to independently perform self-care (Orem, 2003). The district nurse should understand that self-care is learned behavior where the consent is required prior to any intervention. This means that the self-care action that patients perform should be for their health and well-being. Since all self-care actions and discussions should have a final result and should have the same goal, the district nurse should assess what results they want and why. According to Chin et al (2001), patients' with diabetes type 2 should have an idea of the situation before they can perform self-care. Some patients do not prioritize their self-care, are unmotivated, have no time or resources for their medical controls and do not follow the district nurses instructions, which according to Chin et al (2001), made it difficult for the district nurses' to provide the patients' with the care they needed.

Communication and the relationship between the district nurses' and the patients' deteriorated, making it difficult for the district nurses to carry out their nursing duty.

According to Orem (2003), a district nurse should aim to help patients perform self-care. The district nurse and other health care professionals should provide healthcare that patients need, to help them take care of themselves and provide knowledge and education for them to perform self-care. Teaching and mentoring them to perform self-care is important. This helps them learn new information in order to carry an efficient self-care. According to Lawler et al (2019), education given about diabetes type 2 enabled patients and relatives carry self-care thus increasing their knowledge and confidence. The healthcare and advice given by the district nurses resulted in patients' confidence thus reduced complications and hospitalization. The ability of applying self-care is determined by the patients' current situation and their needs. It is important for the district nurse to make an assessment of the patients' ability to be able to perform self-care without problems. This means that the district nurse can in turn determine how much help or intervention the patients' needs.

According to Nikitara et al (2019), education of the disease to the patients always leaves a positive outcome on the patient's condition. According to previous studies within the article suggest that patients who got information and education from the caregivers were able to take on the role of self-care and to participate on their wellbeing and health issues. The patients that have not been given adequate information and education tend to have a negative attitude towards their condition and have a poor sense of evaluation of their condition. District nurses have therefore a major role as educators, acting as nurses who give advanced care and at the give motivation to their patients' (Nikitara et al 2019). Skills in motivating and informing patients on their situation are therefore essential in order to be able to give an effective clinical care in diabetes management. Therefore frequent education and training nurses is essential according to Orem (2003).

## **PROBLEM**

Diabetes type 2 is a public health problem that is increasing among elderly patients living at home. The district nurse has the main responsibility for the patients' healthcare and should strive to promote their participation, support their ability for self-care and increase quality of life and well-being. The need for home care has increased in recent years in Sweden and several elderly patients with diabetes type 2 choose to have health care in their homes. Many of the elderly patients have complex health situations that require the district nurse to have sufficient skills and knowledge to support safe healthcare. The district nurse must ensure that patients' needs and wishes are in focus, promote their self-care and participation, and provide support for improving quality of life. It is important that the district nurse has experience and education in caring for patients with diabetes type 2. This study is expected to increase knowledge of district nurse experiences thereby highlighting ways to improve care for elderly patients' with diabetes type 2. Because of the increasing prevalence of the disease, there is a need to explore district nurses' experiences in taking care of patients with diabetes type 2 who live at home. This study is to promote awareness of the challenges that district nurses' experience that might prevent them from giving the home care services needed to patients with diabetes type 2.

## **AIM**

To illuminate district nurse's experiences of providing home care to elderly patients' with diabetes type 2

## **METHOD**

A qualitative study was held to understand participants' experiences. An inductive approach was used in this study where the information from participants' experiences was analyzed to gain an understanding of the phenomenon (Graneheim & Lundman, 2003). Induction is a process where the observer begins from the participant's experiences of an event and the purpose is for the outcome to eventually produce a theory (Henricson, 2013). Ontology and epistemology are two ways of describing phenomena. Ontology is the nature of what exists and the assumption of the nature of something to exist. A hermeneutic point of view was used in this study where a close connection was made to the study applicants to disclose meanings in the data collected using different degrees of interpretation. Epistemology refers to the assumption made from a qualitative analysis is that some reality of the text can be disclosed with a little interpretation. A qualitative research analysis was used to understand information from the participants' point of view without losing the message. It is the persons experience in the field that should be elucidated in a research analysis. An interpretation of the text was made based on the purpose of the study (Graneheim et al, 2017).

### **Participants**

Six female district nurses aged between 32 and 63 years from five different municipalities around Sweden were chosen to do a survey research, to get wider representation to the study. The district nurses work experiences in home care to elderly patients with diabetes type 2 was between 8-23 years. The inclusion criteria was that the district nurses had to have at least more than one year experience in giving home care to elderly patients with diabetes type 2. District nurses who had specialized in diabetes healthcare were also included in this study. Age and gender of the participants had no relevance in this study. The main language used on the survey questions was Swedish. Those healthcare workers with only nursing education and district nurses who had worked less than a year in home care were excluded.

Head of unit managers in the municipal home healthcare department in each municipality was contacted verbally or in writing for their approval to do the survey research on the district nurses (attachment 1). The head of unit managers sent contact information to the district nurses who wanted to participate in the study (attachment 2). The purpose of the study and inclusion criteria was included in the information letter. After the participants had given verbal or written consent, a questionnaire was sent to the participants through email. The participants were to send their answers back to the researcher. Any answers that were incomplete were completed verbally by a telephone call. A strategic question selection was used to gain a deeper understanding of the study where the choice of question selection was determined with the purpose of the study and in the end, to create correct conclusions. (Bryman, 2018).

### **Data collection**

Qualitative research was used as a data collection method to understand the participants' experiences. A qualitative research method is used to provide a better understanding of the

participants' experiences. A group of questions were formed by the researcher to get answers based on the purpose of the study. The type of data collection used in this study was through survey research. The use of survey research can be used as a form of data collection for retrieving information from a group of individual according to Ponto (2015). This type of research is highly effective because the researcher can do the research on a geographically dispersed group of people in different areas, in a short time for a low cost (Kelley et al, 2003).

The district nurses were given a brief presentation of the study, the purpose of the study and how the research was going to be conducted. This gave them the opportunity to know what the study was about. The researcher's intention was to do an oral interview but because of the different circumstances, a survey research was conducted. Therefore the district nurses had to choose between an oral interview or a written survey research. Because of staff shortage and increase in workload due to Covid-19, all the district nurses chose survey research. A survey research was conducted according to the agreement made between the district nurses and the researcher. The survey questions were then sent to the district nurses through their work email (attachment 3). The district nurses were given the opportunity to decide on what day they would submit the answers. The answers were then sent back to the researchers school email. The researcher and participant agreed to a telephone survey research, if any answer was unclear. Only one telephone call was conducted. A six page research answers were transferred to an electronic file where only the researcher had access to it. This was to make sure that only authorized persons have access to the document. Each answer was coded in numbers and the meanings with similarities were coded into different colors. The identity of the participants was kept confidential.

## **Data analysis**

According to Bryman (2018), qualitative data analysis is an active process where the material being studied must be understood to analyze it. A manifest or latent analysis can be used in a qualitative content analysis. Manifest content analysis focuses on what is stated in the text while a latent content analysis focuses on interpreting the subjective and the context to point out the texts underlying meaning. Both manifest and latent content analysis is about interpreting text to highlight differences and similarities in the codes and categories that emerge in the data analysis process. A qualitative content analysis with manifest approach was used in this study to analyze data. The analysis process was performed in five steps, this includes meaning units, condensation, code, sub-category and category (figure 1). The collected data material was read many times to gain an understanding of the entirety of the text and to get an overview of the content. An identification of sentences that correspond to the purpose of the study was made. This is called meaning units (Graneheim & Lundman, 2003). The meaning units describing the district nurse's experiences were identified and condensed. This means that a shortening of the text was made so that it was easy to interpret and understand the text without losing the central content. The condensed meaning units were abstracted to make codes. Bryman (2018), states that coding is crucial for the results of the qualitative content analysis. The codes are descriptive as possible and should be seen as a label. The validity of the codes was checked and a comparison with meaning units was made to ensure that no content from the original text was lost. Codes with the same content were then sorted into sub-categories. Then a further analysis of categories

was performed into broader categories which resulted into three main categories and seven sub-categories (figure 2).

**Figure 1: Example of the data analysis.**

Meaning units	Condensing	Code	Sub-categories	Categories
The difficulty is to motivate patients' to manage their diabetes. Most often it is diet, smoking and sometimes alcohol habits that make them not stable in their blood sugar levels.	Difficulty to motivate patients' to change their lifestyle causing unstable blood sugar levels.	Patients' unwillingness and resentment to change.	Lack of motivation in specific patients'.	Challenges in patients' care.

## **Ethical considerations**

The study followed the research ethical principles that are information requirements, consent requirements, confidentiality requirements and utilization requirements. The guidelines are available to protect participants in the study (Vetenskapsrådet, 2017). Before the study began, head of units and participants received both written and oral information about the research study and the purpose of the study (attachment 1 and 2). Participants had time to read through the information and they were asked if they would like to participate in the study. Participants received information about their assignment in the survey research and what rules applied to them. Contact details and the researchers name were included in the information letter. A written or oral consent was provided for the head of Unit and the participants before the survey research began. This means that participation in the study was voluntary and the participants could cancel their participation at any time. Participants' identity and research responses were protected from unauthorized persons in accordance with the confidentiality and utilization requirement. Identity of the participants was protected by treating their names as confidential as possible and each answer was coded with numbers. Results from the survey research were presented at group level, which means that information about individuals was not to be reported separately. The answers were saved in electronically with password protection so no unauthorized person could access the material. After the thesis had been completed, all information will be deleted to reduce the risk of unauthorized access to the document. The primary purpose of a medical research is to create new knowledge but, the rights and interests of an individual must be taken into consideration. According to World Medical Association (2021), it's the duty of the researcher in to protect the personal information, privacy and confidentiality of all information of participants.

This means that every caution must be taken to protect the privacy of the participants and their personal information.

## FINDINGS

Three categories and seven sub-categories of the content analysis were formed to describe district nurse’s experiences of home care for elderly patients’ with diabetes type 2 (Figure 2). The categories and quotes from the research study are presented below.

**Figure 2: Categories and sub-categories to illuminate district nurse’s experiences of providing home care for elderly patients’ with diabetes type 2.**

Categories	Sub-categories
District nurses’ roles and responsibilities in the organization	Responsible for the care plan and prevention Teamwork, yet independent
District nurses working conditions	Lack of support and continuity from staff members of primary care. Lack of access to patient records Lack of time and funds for further education
Challenges in patient care	Lack of motivation in specific patients’ Patients’ expect others to take responsibility

### District nurse’s roles and responsibilities in the organization

The district nurse had the full role of leading, supervising and teaching other staff members in the municipality that are in contact with patients. This is a huge responsibility for the district nurse who normally works alone. In most cases it is important that the district nurse has good working experience and good cooperation and communication with the staff members. Most of the district nurses had many years of work experience and had worked in the same area of home healthcare of patients’ with diabetes type 2.

## **Responsible for the care plan and prevention**

The district nurses had the overall responsibility for the care plan and patients' well-being. They had to ensure that the patients' drug list was updated and correct, proper equipment were in the patients' home, the patients' blood sugar level was under control, they got regular checkups to prevent complications and that the home service assistant were well trained and informed on how to manage patients. The home service assistant had to go through a special training program to get training on how to give Insulin injections, how to take blood sugar test and to know when to contact the district nurse. Regular supervision was to be done by the district nurse to confirm that the patients' got the proper healthcare they deserved. Many of the patients living at home had complications that needed quick action. Complications like severe healing wounds and uncontrolled blood sugar were a challenge to the district nurses. They emphasized on the importance of patients' frequent skin control checkups to prevent wounds. Patients received frequent information on the importance of eating balanced diet to keep their blood sugar in control and the importance of frequent exercise.

Det innebär att man har ansvar för hela patienten oftast både läkemedelsansvar och omvårdnadsansvaret. Har patienten insulin ser man till att personal får utbildning och insulindelegering. Många diabetespatienter har komplikationer som beror på deras diabetes som dålig cirkulation som i sin tur ger sår oftast på fötter och tår. Då är det viktigt att se till att såren sköts så det inte blir infektioner (deltagare 1).

Others got complications like visual impairment which was also to be prevented and it was important for the district nurses to make sure that the patients got frequent eye checkups. For all the district nurses it was mostly important that the patient felt good about themselves first before tending to other health situations. The patient's well-being, happiness and quality of life was first put into consideration before tending to other needs.

De flesta äldre med diabetes typ 2 har ju även andra sjukdomar som man får ta i beaktning. Det viktiga är, tycker jag, att patienten mår så bra som möjligt mer än att ha ett perfekt blodsockervärde. Livskvalité är A och O (deltagare 3).

Patients who had low self-esteem and had no hope were motivated and given encouragement and support to lifestyle change by the district nurses and the home service assistants. Education, information on the disease and preventive measures were continuously given to the patients' and home service assistants. It was very important for the district nurse that everyone was well informed on care of the patient.

## **Teamwork, yet independent**

The cooperation and teamwork between the district nurses and other staff members was good. The district nurses were mostly responsible for patients' in a given area in the municipality. They



had a responsibility to ensure that the patients got high quality healthcare and also had a responsibility to collaborate and to have frequent contact with colleagues and staff members.

Som distriktssköterska i hemsjukvården jobbar man dock mycket ensam med eget ansvar. Samarbetet grundar sig främst på kontakt med läkare, ibland diabetessköterska och omvårdnadspersonal (deltagare 6).

According to the district nurses, the support they got from each other and from other professionals was adequate. Those staff members that were mostly in cooperation with district nurse were GP, diabetes nurses from primary care units, rehabilitation team and home service assistants. The cooperation with staff members was very important for the district nurses because it contributed to the patients' well-being and this made the district nurse job less stressful as it enabled them to discuss difficult situations to find solutions and approach to the problem.

Om det är samarbetet med Vård Centralen du men så fungerar det mycket bra. Vi har hemsjukvårdsläkare som följer upp patienterna och vi har även regelbundna genomgångar av alla diabetes patienter med ansvarig diabetes sköterska (deltagare 4).

The district nurses had colleagues' who were diabetes nurses and had a long term experience in diabetes care. This enabled the district nurses to have someone among them they could turn to for advice. The GP did frequent follow ups and checkups on the diabetes patients. Regular reviews of patient's drug list were also done by the GP and diabetes nurse in the primary care. The district nurses considered this form of cooperation made their work less stressful leading to better and safe patient-care.

## **District nurses working conditions**

The working conditions among the district nurses around the municipality varied due to different rules, regulations and journal systems found in these municipalities. Most of the municipalities have different journal systems that are not always easy to use. The district nurse is responsible for ensuring that all information and controls about their patients are updated and correct. According to the district nurses, getting access to patients' journals and drug list was to be done under strict rules and regulations. Communications between the diabetes nurses in primary care and the district nurses in the municipality became difficult especially when all the responsibility regarding patients' follow ups and checkups was left for the district nurses. Lack of education was also one of the challenges they reported. The main importance in a working environment is to develop one's skills and encourage evidence-based care through education.

## **Lack of support and continuity from staff members of primary care**

The district nurses experienced challenges when the diabetes nurses from the primary care sometimes left the patient's drug list adjustments and investigations to them though they did not have the proper education for this. The task assigned for the diabetes-specialized nurses in

primary care and assessments that were to be done were mostly left to the district nurses. The responsibility of the district nurse was to communicate and follow up with the GP and diabetes nurse in the primary care to make sure that patient's healthcare plan, drug prescriptions and checkups were correct. Instead, the district nurses felt abandoned when they lacked proper guidelines from the primary care and many times were left to sometimes make treatment decisions alone. Some patients had uncontrolled blood sugar levels that needed frequent follow ups and check-up. The amount of Insulin to be given to these patients' can vary and it's mostly the GP who had the right to decide on the right amount of Insulin dose to be given to the patients'. Instead the district nurses described that many times there was delay in communication between them and the GP which meant having to make a decision by themselves on the amount of Insulin dose to be given to the patients'.

Hur mycket ska ges eller kanske inte alls. Det är ju en läkare som avgör och bestämmer de doserna man utgår ifrån men många gånger är det vi som avgör de små enheterna som ges vid olika tillfällen (deltagare 2).

Initially the diabetes patients' should be having a GP who is responsible for the patients' healthcare controls or checkups and should have frequent contact with the district nurse but the district nurses experienced that this was not in practice. However different GP came up with different opinions, requests and demands which made it difficult for the district nurses to keep up with the numerous changes. This sometimes resulted in misunderstanding between the district nurses, the patient and the GP.

### **Lack of access to patient records**

The work became more difficult when the district nurses could not have direct access to patient's records. The records can only be accessed by the primary care and one requires a special code to log into the system to access these records.

All information och journal om patientens tidigare kontakt med hälso- och sjukvård finns på vårdcentralens journal system (deltagare 6).

The district nurses have to request for these records from the primary care and in the end the records will be sent to them by telefax or by mail. This increased their work load and made it difficult for them to give their patients the healthcare they need at the right time.

### **Lack of time and funds for further education**

The perception that inadequate training and infrequent updates about diabetes and healthcare was a common theme reported by the district nurses.

Min upplevelse är att det finns stora kunskapsbrister i diabetes hos sjuksköterskor och även hos distriktssköterskor utan vidareutbildning i diabetes (deltagare 7).

There were many opportunities for training on diabetes but most of the time the district nurses did not take these trainings because of the workloads they had or because the employer was not willing to cover costs for the course. This made it difficult for the district nurses to get updates, give evidence-based care to patients, and educate home service assistant and their patients.

## **Challenges in patient care**

Frequent advice and giving information was a daily challenge for the district nurses especially if the patients receiving the information were not willing to be motivated. Patients had healthcare challenges like feeling of guilt which made them lose motivation. District nurses came in contact with some elderly patients who were mentally and physically disabled. Some were stubborn to change and refused to break their old ways of living. This gave the district nurses a great challenge in trying to motivate them.

### **Lack of motivation in specific patients’.**

Motivating and supporting patients was very important for the district nurses. Their mission was to advice patients and to see that the patients were responsible for their own health without putting pressure on them. It was important that the patients’ themselves were motivated to change and were willing to take the advice given by the district nurses.

The district nurses experienced that patients were difficult to motivate. This caused quite a challenge because they felt that patients had knowledge of their health situation and had a responsibility over their life situation but were unwilling to change their lifestyle. They emphasized on the importance of self-care and life- style change based on the patients’ ability.

Some of the factors that made it difficult for the district nurses to motivate patients were that some patients had dementia and this made it hard for the district nurses to motivate and educate patients’ on good diet and the importance taking their meals at the right time. These patients had no regular mealtime and only ate when hungry.

Denna patient kategori är svårt att motivera till förändringar. Flera av mina patienter har t.ex. inga regelbundna måltidstider utan äter när de blir hungriga vilken tid det än är. Någon som är dement vill inte att man hjälper till med måltid utan ska t.ex. äta när omvårdnads personal gått. Det är då omöjligt att få insyn i hur deras måltider ser ut (deltagare 4).

Most of the time the patients did not want help with meal preparations and instead wanted to prepare food by themselves later. This made it difficult to know if the patient had eaten or not since the patient was not under supervision. Since patients’ could not give an account of when and what they had eaten, it became necessary to do frequent blood-sugar measurements. This frequent blood sugar measurements, according to the district nurses caused patients to have many prick wounds on their fingers. This caused pain and discomfort to the patients’ thus making them unwilling to listen to the advice of the district nurses or other healthcare workers. Some patients’ drunk alcohol and smoked cigarettes that affected their blood-sugar control. These habits were hard to break as they lived in their own homes and made their own decisions.

### **Patients' expect others to take responsibility**

Other patients relied on district nurses and GP to take responsibility of their life. These patients did not have any responsibility of their actions. While others took full responsibility of their lifestyle and were well informed about their disease. One district nurse experienced a patient who did not want to take blood sugar control and didn't want to follow neither the advice given on Insulin doses nor information given on diet.

Har haft någon patient som inte alls velat följa de råd som ges om insulindoser och kosthållning. Har t.ex. envist vägrat att ta extra insulin vid högt blodsocker. Trots information och stöd från all personal inklusive läkare har patienten vägrat att följa råden (deltagare 6).

The district nurse was only left to accept the patients' will and make daily documentation of the situation. Language barrier was also another problem that made it difficult for the district nurse to motivate patients, though many patients pretended to understand but in reality, had not understood the information given by the district nurse.

### **Summary**

The findings show how important it was for the district nurses to provide patients with safe home healthcare. They did this by giving encouragement, support, and advice to patients to make lifestyle changes. However not all the patients were willing to listen to the district nurse's instructions and advice which the district nurses thought was a great challenge. The district nurse's responsibilities required leadership which was to coordinate and collaborate with other staff members to provide for patient's healthcare needs. The district nurses had good communication and collaboration among colleagues and other staff members but some felt that the GP and diabetes nurses in the primary care left responsibility and important decision making which caused a burden to them. Moreover, the district nurses found difficulty in accessing patient's records and reported a lack of proper training either because they lacked the time or did not receive financial support to go for training.

# DISCUSSION

## Method discussion

A qualitative research study with an inductive approach was used in this study to describe the district nurse's experiences of home healthcare for elderly patients with type-2 diabetes. This method was used to obtain perceptions of district nurse's experiences through a survey research. Seven female district nurses from six different municipalities were chosen in the study. But only six district nurse's answers were used in the study. One participant was excluded because the district nurse was currently working in primary care but not working with home care in the municipality. One of the strengths of the study was that the researcher chose district nurses from different municipalities which facilitated an opportunity to get a wide range of experiences from all over Sweden. Another strength of the study was that the district nurses work experience ranged from 8-23 years which gave a good range of experiences in the working field. One of the weaknesses in the study was that the participants were only females. Since this type of work is mostly female dominated, most of the areas had only female district nurses. To include both male and female district nurse's experiences in the study would have given a wider variety of experiences and had contributed to knowledge about gender perspectives in this important area.

The data collection was done through written and telephone survey research which according to the participant and researcher was convenient considering that the district nurses had no time to participate in any research study at all. Most of the participants had so much work to do because they were understaffed, had no time to participate in the study and had so much work to do due to the uprising Covid 19 pandemic. The participants preferred a written survey research because they could answer the questions at their own time when they had the opportunity to do so. The researcher had preferred to do an oral interview which unfortunately could not be done according to the request of the participants. The researcher faced difficulties in finding candidates for the study due to the fact that some head of unit did not answer back in good time or did not answer at all.

But the written survey research was however still a reliable way of collecting data because the district nurses were not under pressure to answer the questions and they were given enough time and opportunity to contemplate on the questions. After submitting their answers, the researcher followed up with only one telephone call where more clarification was needed. Survey research is used increasingly in most of the healthcare research to get information where it might be difficult to get information from other methods (Colbert et al, 2013). This type of research is considered effective and requires minimal financial investment especially for those participants who answer questions online. The disadvantage of survey research is that the answers given are limited in giving information as to why certain things are the way they are compared to open ended questions. The answers given can be influenced by the researcher error and bias according to Mathers et al, (2009). But however this type of research according to QuestionPro (2021) is more effective than physical interview since the participant is anonymous meaning that their responses are kept safeguarded thus giving them a chance to answer questions with absolute honesty.

The analysis process was done according to Graneheim and Lundman (2003) descriptions. Graneheim and Lundman (2003) emphasizes on the importance of the right choice of meaning

units. By condensing the meaning unit, the text is shortened but at the same time the content is retained in its original meaning. Selecting a suitable meaning unit is a crucial issue for achieving credibility where the meanings unit is not supposed to be too short or too long. This may result in loss of important data or that one has too many parts to select from. Quotes were used to give a justification of what was exactly said by the researcher. The ethical principles were a part of requirements followed to protect the participants in the study according to Vetenskapsrådet (2017). The goal of the ethical principle is to protect the participants' health, integrity and safety (Regeringen, 2001). The problem faced in the beginning before the work began was that the head of units did not answer back to the researcher to give them consent to send questions to the district nurses. This caused delay in data collection. The researcher has had many years of experience in working with elderly patients living with diabetes type 2 thereby, confirming the quality and credibility of this study. According to Ahlström (2021) can the researcher understanding of research and having similar experiences with the participants can enhance the validity and reliability of the research. The answers given by the district nurses are valid and trustworthy and can be relatively trusted because of the similarities between this study and other research studies done in other settings with the same aim like the studies according to Bradley and Hsueh (2016), Graue et al (2013), Hörnsten et al (2008), Jansink et al (2010), Josefsson and Peltonen (2015). Modin et al (2010) and Nikitara et al (2019). This means that the study can be of help to the district nurses and other healthcare workers that work with not only patients with diabetes type 2, but patients with other chronic diseases who receive home healthcare.

## **Findings discussion**

The three categories described above shows the aim of this study which was to illuminate the district nurses experiences of providing home care of elderly patients with diabetes type 2. The district nurses were independent and had an important role in the municipality to see that the patient had the home care service they needed. To work in the municipality as a district nurse required having connection and communication with all the staff members and making sure that patients medical needs were met according to their wishes. Teamwork was very important for the district nurses. Many of them experienced teamwork among themselves and with other staff members. It was very important for the district nurses that good communication and cooperation was fostered among themselves and this gave them less work load. According to Graue et al (2013) working together in collaboration made the practitioners more aware of their responsibilities and roles. The involvement of different professionals in patient's healthcare enhanced the ability of practitioners and district nurses to have an overall understanding of patient's medical needs, thereby giving the GP an awareness of their responsibilities in the organization. District nurse's competence and knowledge in diabetes care is a very important aspect in taking care of elderly patients living at home with diabetes type 2 disease. To have knowledge and information in the disease gives confidence in taking care of these patients. But this ability to deliver quality health care is compromised by different daily challenges. Challenges such as lack of support and cooperation from the primary care causes the district nurse to have uncertainty in diabetes treatment and inability to make appropriate decisions on the right health care needed for patients. According to Maybin et al (2016) the clinical expertise and knowledge and skills in the working area was highly valued in patient- care. This expertise that the district nurses provided was also valued by the patients in this study.

A skilled and well informed and educated team of district nurses was considered a great privilege by the patients. Cooperation and combination of knowledge with other staff members, ability to assess condition and to give the right treatment was valued by the patients (Maybin et al, 2016). The district nurses in this study experienced lack of access to patient's records because they were first kept by the primary care. The journals system that was used to access these records was only to be accessed by those working in the primary care. The district nurses were not certified to access the patients' records when needed causing delay of giving treatment to the patients with diabetes type 2. Previous studies also show that district nurses ability to perform their duties becomes difficult when there is limited access to patients' records and this prevents the district nurses to offer sufficient opinion which can aid in patient-care. Emphasis was made on importance of availability of patient's records so that intervention can be done immediately and monitored (Josefsson & Peltonen, 2015). The district nurses according to Sorensen et al (2020) devoted a considerable amount of time trying to access patient's documents to check on previous controls and appointments. This challenge was similar to the challenges faced by the district nurses in this study. The district nurses in this study showed concern for the support given to them from the primary care. Most of the check-ups and follow ups of patients was mostly made by the district nurses instead of diabetes-specialized nurse and the GP in charge of the patient.

Studies performed by Graue et al (2013) show that most times the district nurses lacked adequate knowledge in diabetes care to make a sound clinical decision. There was an increase in lack of confidence in GP locum from the primary care since they gave inconsistent advice in clinical observation and patients' assessments. There was uncertainty in prescription of Insulin doses and managing unstable blood sugar levels (Graue et al, 2013). This uncertainty in Insulin medication according to the district nurses in this study was mostly caused by GP locums who were not directly in charge of the patient. The GP locums were not fully aware of which Insulin dos that was more appropriate for the patient. Sorensen et al, 2020 emphasized the importance of team work and time planning. Due to lack of sufficient time and planning together led to risk of omission of adequate and sufficient health care. Lack of sufficient health care coordination among the district nurses and the primary care led to group knowledge and experience were not utilized to the fullest (Sorensen et al, 2020). The challenges of lack of sufficient time to give sufficient healthcare were also experienced by the district nurses in this study due to staffing shortage in the organization. According to Maybin et al (2016) the district nurse has a wider range of responsibility in the community such as to contact the municipality for health care service, giving education and advice on management of patients with diabetes living at home, giving reassurance regarding a symptom, and giving support to patients in time of need in case of emergency. Hörnsten et al (2008) supports the importance of sharing of knowledge between the patients' and the district nurse. This means that it is very important for the district nurse and even all health professionals in the municipality to take their time to giving proper healthcare information and to educate elderly patients with diabetes type 2. Sorensen et al (2020) recommendations are to encourage self-reflection and increase education and empowerment of training the district nurses. However this type of attitude must be emphasized and supported by the organization. The diverse professional backgrounds and care approaches improves the health care plan that is formed for the diabetes patient. Care givers in the municipality including the district nurses are used to working independently. Due to this reason most of the professionals

including the district nurses in this study were caught up in disagreements among themselves about their roles and their relative importance in diabetes care.

The district nurses in this study noticed diminishing ability to attend invitation to further training due to lack of time. Most often, there was so much work load among the district nurses that they were not able to make time to attend education programs. Some other reason was that invitations for further education were cancelled by the employer. Previous study emphasizes a need of education which is generally an advantage in a working area because it creates development among different professions. But organizational barriers often prevent further education and skills development (Graue et al. 2013). According to Skår (2010) the district nurses have expressed importance of time to discuss and reflect upon their work with other workmates and more time set aside for professional meetings, but this depended on the workforce situation. This meant that the work situation was mostly the one affecting the ability for the care givers to get time for professional meetings. The great workloads and staff shortages are hindrances faced by district nurses in this study.

The district nurses in this study experienced that most of their patients had lack of motivation and some expected others to take responsibility over their lives. Mostly some of these patients' have dealt with this disease for a long time and have other diseases in their lives or other health issues which they may prioritize over their diabetes. Patients' who were smokers, and overweight according to Hörnsten et al (2008), had a hard time to manage their diabetes. The district nurses rather blamed the patients' for failure to reach goals for effective treatment rather than questioning their own ways of care giving. These district nurses experienced difficulties and conflict with providing enough health care to the patients' and not being heard. This type of health care was not particularly patient-centered because the patients did not follow or listen to the instructions of their caregivers. Some patients take the hierarchical power relationship between them and the caregivers. This means that the patients diligently follow their caregivers' instructions and advice and continue having expectations that the caregiver has the ability to give them the health care support they need according to this study. Thus explaining the reason why some patients' with diabetes are expecting the district nurses to take responsibility over their lives according to Hörnsten et al (2008).

According to Orem (2003) self-care activities, the patients' has to be in a state of awareness of their condition so that they may carry out effectively prescribed medical measures in order to be able to live with their current condition. The theory acknowledges that there is self-care deficit. This means that health care service is required when the patient is incapable of providing effective self-care. Ratner et al (2017) states that interaction between the care giver and patients with diabetes type 2 can have an influence on patient's perception of one's medical situation. Patient dissatisfaction with caregiver's communication was associated with poor medical results. The district nurses according to Hörnsten et al (2008) encountered a lot of frustration with patients who are non-compliant and patients who question their knowledge. Some district nurses stated that performing a patient-centered healthcare gave patients' the ability to make decisions and choices suitable for their own situation. Nevertheless, a patient-centered healthcare was considered very important according to the district nurses in this study because patients had a right to accept or deny help according to the laws and orders of the country. This made it



difficult for the district nurses to provide adequate patient safety healthcare considering that some patients were not compliant.

## **Conclusion**

This study shows the nature of independent decision-making that district nurses undergo on a daily basis. There is a perception about district nurses from patients and other caregivers as being able to solve all problems and take control over all types of situations. This is affecting the district nurses ability to perform their role and to give the patients the health care they need. Some of these challenges faced by the district nurses in this study are coming from the lack of unity and cooperation in the organization. Many in the primary care transfer responsibility to the district nurses believing that district nurses are the only ones responsible for the patient's healthcare and not themselves. Challenges may also arise from incompliant patients but in reality some of these patients are aware of their rights thus not willing to change. Some patients have medical issues which prevent them from making the right choices, thus creating difficulty for the district nurses to implement their duties in an appropriate way. Giving patients safe healthcare and providing sufficient healthcare plans is very important however, changing attitudes and roles must be supported in accordance with the organization rules and regulations. Suggestions for improvement includes, the primary care should make it possible for the district nurses to have easy access to patient's journals to achieve continuity in care. Further, opportunities for further training and education should be provided to district nurses.

## **Clinical implications and proposal for further research**

Elderly patients with diabetes type 2 living at home are increasing every year. This means that the health care given at home by the district nurse needs to be of high quality and patient safe. Many district nurses face difficulties as shown in this study and in the end unable to perform their duties like they should. There is a strong need for every district nurse in this study to diagnose every medical situation that their patients have and at the same time give the right medication with the help of other caregivers. This gives an insight of importance of education and knowledge of diabetes care and the need for cooperation between the district nurse and other caregivers. This is to give the elderly patients living at home with diabetes type 2 the healthcare they need. However, there is need for more study on district nurse experiences on patient-centered care.

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# ATTACHMENTS

## Attachment 1 – Information to head of unit

Information om studien: 'Vård i hemmet av äldre patienter med diabetes typ 2  
Distriktssköterskornas erfarenhet'.

Detta är en förfrågan om samtycke till att distriktssköterskor inom din verksamhet tillfrågas om deltagande i en studie. Studiens syfte är att belysa distriktssköterskans erfarenheter av att vårda äldre patienter med diabetes typ 2 i hemmet. Behovet av vård i hemmet har ökat de senaste åren i Sverige och många äldre med diabetes typ 2 väljer att ha hälso- och sjukvårdsinsatser i hemmet. Detta ställer högre krav på distriktssköterskans kompetens. Distriktssköterskan har huvudansvaret för patientens omvårdnad och ska göra ett hälsofrämjande arbete för att främja patientens delaktighet, stödja patientens egen förmåga och öka livskvalitet och välbefinnande. De distriktssköterskor som deltar i studien kommer att få enkät undersökning via mejl. Studien vänder sig till distriktssköterskor som jobbar i den kommunala hemsjukvården. Deltagande i studien är helt frivilligt och kan när som helst avbrytas utan att uppge orsak. Den information som distriktssköterskorna lämnar kommer att behandlas konfidentiellt, d.v.s. så att inte någon obehörig får tillgång till den. Allt material kommer att avidentifieras, så att enskilda individer inte kan urskiljas. Efteråt kommer en muntlig intervju via telefon kommer att göras om det finns svar som är oklart. Svaret spelas in via telefon. Efter att studien är färdig och godkänd kommer alla svar och inspelningar att förstöras.

Resultat kommer att presenteras på gruppnivå, vilket innebär att uppgifter om enskilda personer inte kommer att redovisas för sig. Resultatet ska kunna användas att kunna öka möjlighet till förbättrings arbete inom hemsjukvård för mina kurskamrater på distriktssköterskeutbildningen, men även till verksamma distriktssköterskor. Om du är intresserad kan jag gärna delge dig resultatet. Vänligen besvara denna förfrågan om att distriktssköterskor i din verksamhet tillfrågas om deltagande genom att skicka ett meddelande där du meddelar om studien medges eller inte via e-post till undertecknad student. Studien ingår som examensarbete i distriktssköterskeprogrammet. Om du har några frågor eller vill veta mer, kontakta gärna mig eller min handledare.

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## Attachment 2 – Information to participants

Information om studien 'Vård i hemmet av äldre patienter med diabetes typ 2 - Distriktssköterskas erfarenhet'

Du tillfrågas om deltagande i en studie. Studien vänder sig till distriktssköterskor som jobbar i den kommunala hemsjukvården och din verksamhetschef har givit sitt godkännande till att du tillfrågas om deltagande i studien. Studien syfte är att belysa distriktssköterskans erfarenheter av att vårda äldre patienter med diabetes typ 2 i hemmet. Behovet av vård i hemmet har ökat de senaste åren i Sverige och många äldre med diabetes typ 2 väljer att ha hälso- och sjukvårdsinsatser i hemmet. Detta i sin tur ställer högre krav på distriktssköterskans kompetens, då distriktssköterskan har huvudansvaret för patientens omvårdnad och ska göra ett hälsofrämjande arbete för att främja patientens delaktighet, stödja patientens egen förmåga och öka livskvalitet och välbefinnande. Jag vill gärna göra en studie med dig om dina erfarenheter inom detta område, och frågar dig därför om du vill delta i studien. Deltagandet innebär delta i en enkät undersökning via mejl. Studien vänder sig till distriktssköterskor som jobbar i den kommunala hemsjukvården. Deltagandet i studien är helt frivilligt och kan när som helst avbrytas utan att uppge orsak. Den information som du lämnar kommer att behandlas konfidentiellt, d.v.s. så att inte någon obehörig får tillgång till den. Allt material kommer att avidentifieras, så att enskilda individer inte kan urskiljas. Efteråt muntlig intervju via telefon kommer att göras om det finns svar som är oklart. Svaret spelas in via telefon. Efter att studien är färdig och godkänd kommer alla svar och inspelningar att förstöras. Resultat kommer att presenteras på gruppnivå, vilket innebär att uppgifter om enskilda personers inte kommer att redovisas för sig. Resultatet ska kunna användas och öka möjlighet till förbättrings arbete för mina kurskamrater på distriktssköterskeutbildningen, men även till verksamma distriktssköterskor. Om du är intresserad kommer jag gärna att delge dig resultatet. Om du vill delta ber jag dig att skicka ett meddelande via e-post till undertecknad student. Då återkommer jag till dig så vi kan bestämma hur studien kommer att göras. Med detta brev följer ett svarsbrev för skriftligt samtycke som du lämnar via mejl till mig. Om du har några frågor eller vill veta mer, kontakta gärna mig eller min handledare.

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### **Attachment 3 – Survey research questions.**

#### **Questions:**

1. Hur gammal är du?
2. Hur länge har du jobbat med diabetesvård?
3. Vilken utbildning har du?
4. Vad innebär att vårda äldre patienter med diabetes typ 2 i hemmet?
5. Vad har du för erfarenhet inom området?
6. Hur är din samarbete mellan dig och patienterna?
7. Hur är din samarbete mellan dig och dina kollegor?
8. Vilka svårigheter finns kring ditt arbete med att vårda äldre patienter med diabetes typ 2?  
Om ja vilka?
9. Finns det något som behöver utvecklas/ förändras?

#### **Följdfrågor:**

1. Kan du utveckla/berätta mer?
2. Vad menar du?
3. Har jag uppfattat rätt?