Illness integration, self-management and patient-centred support in type 2 diabetes

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Akademisk avhandling

som med vederbörligt tillstånd av Rektor vid Umeå universitet för avläggande av medicine doktorsexamen framläggs till offentligt förvar i Aulan, Vårdvetarhuset, fredagen den 3 maj, kl. 09:00. Avhandlingen kommer att förvaras på svenska.

Abstract
Background: Type 2 diabetes is a serious disease that is increasing globally. The focus of diabetes care has been to prevent diabetes related complications and thereby reduce mortality. An older population, the disease progression and decreased ability to perform self-management activities increases the risk for complications. Group education and patient-centred care are recommended to improve self-management through increased patient empowerment. Despite these recommendations, professionals have been reluctant to adopt these methods referring to lack of knowledge, time and tools to deliver patient-centred care in diabetes. Focusing on the patient's illness integration process has in the literature been suggested to improve self-management and metabolic balance.
Aim: The overall aim of the thesis was to describe the experiences of illness integration, self-management and support in type 2 diabetes and to evaluate the metabolic effects of a nurse-led patient-centred model for self-management support.
Methods: The study setting was primary health care in Västerbotten County, Sweden. In total, 21 diabetes nurses (Study I) and 257 patients (Studies II-IV) participated in the four studies (Study II, n=44; Study III, n= 18; Study IV, n= 195). Data consisted of focus group interviews (Study I), individual semi-structured interviews (Studies II-III) and laboratory measurements (Study IV). Methods for analyses were qualitative content analysis (Studies I-III) and statistics (Study IV).
Results: Study I revealed that diabetes nurses found the ideal diabetes care complex to achieve. Conflicting paradigms, power relations and departmentalisation of work were described. Study II describes a process whereby illness integration and self-management in type 2 diabetes develop simultaneously. When a turning-point occurs, people view self-management as both necessary and feasible. In study III, turning points in self-management are illuminated. Turning-point transitions include existential and emotional aspects that increase inner motivation and power for lifestyle change. Study IV evaluates the effects of a nurse-led intervention in which haemoglobin A1c (HbA1c) was significantly decreased at 12 months' follow-up. Group intervention and individual intervention were both effective compared to traditional diabetes care.
Conclusions: There is a potential for improvement of type 2 diabetes care. Increased patient-centredness is important to support patients towards illness integration and self-management. Focusing on the patients’ illness experiences, including the existential and emotional aspects of having and managing type 2 diabetes, in counselling can lead to improved self-management and glycaemic control. Patients’ experiences of illness are central to their inner motives for change, and patient-centred self-management support and patient education preferably emanate from this perspective.
Keywords
Type 2 diabetes, illness integration, turning points, self-management, patient-centredness, diabetes care, primary health care, intervention, randomised controlled study