Implementation of hospital based home care for children newly diagnosed with diabetes

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Results

Cultural barriers in the care practice and between the professionals working in the diabetes teams are central to highlight. Cultural barriers in the care practice are primarily the diabetes team’s perceptions of what responsibility the patient and the family should take for the diabetes in their everyday life. Another central barrier are the power relations between the professionals and how the local leadership are developed in these interactions.

Objectives

The purpose of this study is to give a cultural understanding of barriers, facilitators and local leadership for a systematic implementation of a person-centred care in diabetes. The hypothesis is a theoretical model to handle, modulate and comprehend the contextual complexity when hospital based home care (HBHC) is implemented in care practice.