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

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Published in:
Pediatric Diabetes

Published: 2013-01-01

Citation for published version (APA):
Conclusion

Through an increased focus on contextual complexity and cultural barriers our study highlights the significance of the implementation processes concerning the diabetes team’s perceptions of patient and family and the power relations between the professionals. Both perspectives are central when handling, modulating and comprehending a systematic implementation of a person-centred care in diabetes.

Results

Cultural barriers in the care practise and between the professionals working in the diabetes teams are central to highlight. Cultural barriers in the care practise 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.

Objectivs

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.