Family nursing intervention: Useful way to assist families with children and adolescents with diabetes type 1

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Content

• The effect of children's diabetes on families
• Family nursing
• Experience from clinic
• Research results
The National University Hospital of Iceland

Vision and aim of nursing at Landspitali:
The patient and his family will receive an excellent service
Diabetes type 1 in children is growing in Iceland

Childhood diabetes in Iceland, incidence 1971-2010
Nordic countries 2011 - Childhood diabetes incidence

- Finland: 66
- Sweden: 42
- Norway: 35
- Denmark: 27
- Iceland: 19
Nursing services for children and adolescents with diabetes and their families

- Outpatient clinic/ multidisciplinary teamwork
- Inpatient, newly diagnosed children
- Telephone/ e-mail contact
- Education/ consultations to schools, kindergartens
- Diabetes Camp
- Teaching
- Research
The management of type 1 diabetes in children is a complex and demanding therapy ...

...and can easily result in family stress
When a child is diagnosed with diabetes...

• The entire family is affected and the family affects the disease

• Diabetes treatment is more than controlling blood glucose
How do we support families of children and adolescents with diabetes?
Family approach

- Calgary family assessment model (CFAM)
- Calgary family intervention model (CFIM)

Ilness is a family affair and affects all its members based on the beliefs and communication within each family

Main content of the Calgary nursing models

- Well prepared therapeutic conversations
- Gather necessary information
- Encourage family members to express themselves about their experience concerning the illness

A way to involve families in a systematic way!
A short family therapeutic conversation

1. Manners
2. Therapeutic conversation
3. Genogram (assessment)
4. Therapeutic questions
5. Commenting on strengths
1. **Manners**

The first 60 seconds are important when meeting a family...
2. Therapeutic conversation

- Purposeful and time limited
- As short as one sentence or as long as time allows
- Family members are encouraged to tell their illness stories
- Nurse listening skills are paramount
- The nurse acknowledges the suffering, shows compassion and offers commendation.
3. GENOGRAM

Wright & Leahey, 2009
Árni’s family

Grandfather
heart disease

Grandfather
heart disease

Grandmother
asthma

Father, truck driver
recently lost job

Mother, now works a lot, have great concerns of economic status and her children. Good relations with her brother, no relations with sister

Sister 1985,
unemployed,
lives at home

Brother 1989,
ADHD,
unemployed,
lives at home

Brother 1998,
premature,
autism and tourette,

Árni born 1994,
diabetes 2005,
Bloodglucose control getting worse
4. Therapeutic questions

• How can I be most helpful to you and your family during this clinical visit?
  — Clarifies expectation and increases collaboration

• Has the advice given to you and your family been helpful? Did you follow it? What did you discover?

• What has been most and/or least helpful since last clinical visit?
4. Therapeutic questions

• Have there been any changes in your life since the child was diagnosed with diabetes? If so, what changes?
  • Clarifies adaptation

• Who is suffering the most in your family?
  • Identifies the family member who has the greatest need for support and intervention

• What are your greatest concerns?
  • Identifies most pressing issues or concerns
5. Commendations

- Look for strengths in families rather than dysfunction or weaknesses

- Tell families about their strengths and resources

- Families who receive commendations from health professionals tend to take more readily up ideas, opinions, and advice that are offered

- One of the most significant family nursing intervention are commendations

  (Robinson, 1998)
Family nursing at hospital level
Is family nursing effective?

• Nurses are more then ever required to demonstrate the effectiveness of their work
• Intervention studies
• How effective is a short term education and support intervention for families of an adolescent with diabetes

(Konradsdottir and Svavarsdottir, 2011)
How effective is a short-term education and support intervention for families of an adolescent with diabetes?

Purpose:

• To explore adaptation and coping strategies of parents
• To determine if parents coping strategies changed 6 months after short term educational and support intervention

Theoretical framework:

• Calgary family assessment and intervention model
How effective is a short-term education and support intervention for families of an adolescent with diabetes?

A quasi-experimental design:

- 23 families (22 mothers, 19 fathers and 23 adolescents)

The intervention:

- Afternoon meeting lectures for the families together
- Support groups for the adolescents.
- A short family therapeutic-conversation for the parents
Results

- The adaptation is fairly good among Icelandic mothers and fathers who have an adolescent with diabetes
- Mothers in families with low income had poor adaptation
- Mothers demonstrated a significantly greater use of all the coping patterns than fathers did
Results

Fathers rate all the subscales of the coping patterns significantly more helpful after intervention, than before intervention.
What did we learn from the study?

- Mothers and fathers use different coping patterns
- Some mothers did not adapt well to the situation of having a adolescent with diabetes
- The intervention had effect for the fathers

- Next Research Question: Is our support to the families beneficial
Benefit of a support offered by a clinical nurse specialist to parents of children with diabetes

Purpose:
• To measure if parents of children with diabetes perceived higher family support after two sessions of therapeutic interventions
• A quasi-experimental pretest/posttest design,
  • 14 families (13 mothers, 11 fathers)
  • “The family perceived support questionnaire” (ICE-FPSQ)
    (Svavarsdottir & Sveinbjarnardottir, 2009b)
  https://uni.hi.is/eks/
The intervention:
Two “therapeutic conversation”
Two sessions “therapeutic conversation” intervention Paired samplest-tests for mothers of children with diabetes, pre and post-intervention (N=13) (preliminary results)

<table>
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<th>Variable</th>
<th>n</th>
<th>Mean (SD)</th>
<th>n</th>
<th>Mean (SD)</th>
<th>t-test</th>
<th>P-value</th>
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<td>Family support</td>
<td>13</td>
<td>51.15(12.21)</td>
<td>13</td>
<td>55.92(9.95)</td>
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A quote from participant

“It is so good to talk. I told my co-worker after our first session that I was finally getting exactly what I need. I am so alone, I have no-one to talk to. I looked forward to come to this next session at the hospital”
Influence of family nursing and research in my practice

• Gendered differences exist in the illness experiences of parents of children with diabetes
• Genograms and therapeutic questions open a new and different view of families
• Family nursing is timesaving
• The power of comment on family strengths is huge

Constraining beliefs about involving families in health care

- If I talk to family members, I will not have time to complete my other nursing responsibilities
- If I talk to family members, I may open up a can of worms and I will have no time to deal with it
- The family could ask me a question for which I don’t have an answer
- It is not my job to talk with families, that is for social workers and psychologists
- So it is better not to start a conversation