



LUND UNIVERSITY

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

Hansson, Kristofer; Nilsson, Gabriella; Tiberg, Irén; Hallström, Inger

Published in:
Pediatric Diabetes

2013

[Link to publication](#)

Citation for published version (APA):

Hansson, K., Nilsson, G., Tiberg, I., & Hallström, I. (2013). Implementation of hospital based home care for children newly diagnosed with diabetes. *Pediatric Diabetes*, 14(18), 98-98.

Total number of authors:
4

General rights

Unless other specific re-use rights are stated the following general rights apply:
Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal

Read more about Creative commons licenses: <https://creativecommons.org/licenses/>

Take down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

LUND UNIVERSITY

PO Box 117
221 00 Lund
+46 46-222 00 00



LUND
UNIVERSITY

Implementation of hospital based home care

- FOR CHILDREN NEWLY DIAGNOSED WITH DIABETES

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.

