



# The « Logic of Care » in Diabetes Care

## A focus on Multi-professional Team Working

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# The logic of care

**“The logic of care” is a care concern in care practice which is argued by Mol in 2008 due to field research. It may support the improvement of diabetes care in practice.**

**It is developed in contrast to a „logic of choice“**

- **care starts with collectives instead of individuals.**
- **patients are not customers**
- **active patients and sharing disease management**
- **attentiveness and nourishment are better than control and taming**
- **respect experience and values**
- **care is a process (not a commodity): continuing, specific, and adaptable which leads to a flexible and adjustable care plan**

# The Logic of Care

**“The logic of care” puts emphasis on:**

- **Not to determine what is good or bad for patients, but to respect the value of information we received**
- **Building an opening debate between patients and the healthcare system**
- **Creating an alternative rationale for healthcare professionals and balancing the demands and limitations of patients in care practice**

# Situating the field of concern: Diabetes care

- **Living well with diabetes is a lifelong task for both, patients and healthcare professionals.**
- **Healthcare systems are increasingly being requested to provide more effective diabetes care.**
- **Understanding the demands for diabetes care and incorporate patient preference can improve the quality of diabetes care.**
- **The healthcare professionals may influence the attitude of patients and their self-care behavior during their diabetes management process.**

# Research Aims

**From the perspective of "the logic of care" :**

- **to explore the German diabetes care system and the diabetes care concepts**
- **to investigate the diabetes patients' demands for diabetes care**
- **to construct a diabetes care model that includes ethical dimensions in having a multi-professional team**
- **with a focus on nursing as a group that has hitherto played a minor (visible) role in German health care, but is (implicitly) expected to fulfill the dominant caring role**

# Research Design

## **Qualitative research: A Case Study**

- **field observation and in-depth interviews**
- **participants:**
  - a. adult outpatients with type 2 diabetes**
  - b. healthcare professionals (physicians, nurses and other related diabetes care professionals) in German diabetes care system**
- **research units**
  - a. the department of Diabetology (Diabetes OPD, Diabetes Education Center, and Diabetes Station) at University Hospital Freiburg, Germany**
  - b. the department of Home-care (PflegeNetz) at University Hospital Freiburg, Germany**

# Research Processes

## The steps

- **Systematical literature review of diabetes care system, care concepts and nurses' roles in health care delivery system in Germany and in other countries**
- **Field observation in German diabetes care practice**
- **In-depth interview with diabetes outpatients and with diabetes related healthcare workers**
- **Data analysis from the perspective of the logic of care**

# The Logic of Care in Diabetes Care Practice

## ➤ Voices in the field

- *„So, it works absolute not with forbidden. I believe it works better through education. And I think, it works often very good with the help from the blood sugar values. Because you can say to patient that „Aha, there is something sweet to eat today“. So, to let him easily know that I saw what he ate through his blood sugar values.“ (translated from interview with I-NN-03)*
- *„When a 90 years old patient told me that he ate a piece of cake today, then i think „ ok good, that is not super, but.....Yes, if it is the only thing what he can do because he still tastes, it is ok.“ I think only that you should react much more in such situation with a 60 years old patient. And just make it clear one more time why he should give up it, and what is the longtime consequence .(translated from interview with I-DB-02)*

# The Logic of Care in Diabetes Care Practice

## ➤ Convinced voices from the field

- **Attentiveness and nourish are better than control and taming**
- ✓ **It works absolut not with „forbidden“ in practice.**
- ✓ **Finding a compromise between health care professionals and patients is important in care practice.**
- ✓ **Setting a small target lead to success.**
- ✓ **Setting different goals for different patients is important.**

# The Logic of Care in Diabetes Care Practice

## Voices in the field

*„The patient must be active. In the past, i did everything for patients. But it did not work. The patients pay not much attention to their disease. They stay in the same health situation, for example, they have always the unstable blood sugar levels, which is shortly getting better after visiting the doctors but actually later getting worse. Now, I do not everything. I let patients do something by themselves. For example, a patient should call his diabetologist to resolve the problem with his blood sugar measure apparatus. I think, patients have to do something for their health by themselves. They must be active.“*

*(translated from interview with I-DB-02)*

# The Logic of Care in Diabetes Care Practice

Voices in the field

(continue)

*„Who is paing better attention to his or her body and reports it to the doctor, can get better care. Because his/her problem will be treated from doctor in time and the complications of disease can be reduced. If a patient doesn‘t take care of his/ her body and doesn‘t tell the doctor, the problem might be found half a year later. And this is already too late in many cases.“*

*(translated from interview with I-FA-02)*

# The Logic of Care in Diabetes Care Practice

- **Summing up these voices from healthcare professionals**
- **Responsibility and multi-professional team working**
- ✓ **Patients should take over responsibility for their own bodies.**
- ✓ **Patients need to be empowered to be active.**
- ✓ **It is difficult to change patients' lifelong behavior, if they don't want to change.**
- ✓ **Sharing doctoring can empower patients in managing their health.**
- ✓ **The cooperation of the multi-professionals in diabetes care is very important.**

# The Logic of Care in Diabetes Care Practice

## ➤ Problems in diabetes care practice

- **Care is not flexible nor creative in practice**
- ✓ **Working with alternatives is rarely tried out**
- ✓ **Time pressure prohibits good care**
- ✓ **The care outcomes are determined on the medical values**
- ✓ **Patients' strengths and limitations are hardly considered**

# The Logic of Care in Diabetes Care Practice

## ➤ Problems in diabetes care practice

(continue)

- **Care is more like a commodity in care practice:**
  - ✓ **Diabetes care in practice is often seen as a unique action / commodity and not as a process. Care is often interrupted in practice because of the time pressure and/or financial reasons.**
  - ✓ **Nurses visit patients regularly, but always shortly. A nursing process is difficult to be started in practice.**
  - ✓ **Flexibility and creativity of nurses are very limited. Nurses scarcely have a complete picture about diabetes care.**
  - ✓ **When patients are passive during their disease management, nurses have often no idea to deal with the problem. Care is blocked, the interaction between nurses and patients breaks down.**

# The Logic of Care in Diabetes Care Practice

## ➤ Problems in diabetes care practice (continue)

- **The problems about multi-professional team working:**
  - ✓ **Patients are usually not treated as a team member of diabetes care team.**
  - ✓ **It lacks an opening communication in multi-professional team.**
  - ✓ **It lacks an effective connection among multi-professionals.**
  - ✓ **It lacks a cooperation with surrounding where patients live.**

# Ethical Problems in Diabetes Care Practice

## ➤ Raising power issues

- **The power in the German healthcare system is unequal. Medicine is more powerful in care practice.**
- **The medical care is usually seen as professional endeavour in care practice.**
- **The major tasks of diabetes care for many nurses are medical treatment.**
- **Care outcomes and care quality have generally been measured based on interpretation of clinical trial results.**

# Ethical Problems in Diabetes Care Practice

## ➤ Actors of responsibility

- **Care practice including the role of nurses in diabetes care is limited and unclear :**
  - ✓ **The nursing professional identification from some home care nurses is located in the “normal” home care field.**
  - ✓ **Many nurses argue that it needs someone who is qualified provide the specific diabetes care and take responsibilities in the diabetes care field.**
  - ✓ **The nurses’ role in current diabetes care which are reported from home nurses are mediator and Gate-Keeper/controller.**

# Ethical Problems in Diabetes Care Practice

## ➤ Transfer of responsibility in field

- **In principle:**  
**All healthcare professionals should be clear about their part in sharing responsibilities.**
- **When patients' conditions are not under control:**
  - ✓ **The care responsibility will be transferred among different healthcare professionals in care practice.**
  - ✓ **Physicians are usually thought to pay responsibility for caring.**

# Ethical Problems in Diabetes Care Practice

- How care responsibility play out in a multi-profession team?
- **When patients' conditions are not under control:**
  - ✓ **Healthcare workers (e.g. home-care nurses) report patients' problems to GPs and transfer the responsibility to GPs.**
  - ✓ **When patients are transferred to other healthcare professionals (e.g. Diabetes consultants), the responsibility will be also transferred to them at the same time.**
  - ✓ **When the decisions from GPs don't fit patients, healthcare workers communicate with GPs and give them pressure. The responsibility is located in both GPs and healthcare workers.**
  - ✓ **Healthcare workers accept physicians' decisions at the end whatever it is. They work only as a mediator. At this time, the responsibility belongs to GPs.**

# Ethical Problems in Diabetes Care Practice

## ➤ Trust-relationship in field - nurses as an example

- **Healthcare professionals agree that the trust of patients is very important in their daily work.**
- **Many healthcare professionals recognize that a trust-relationship between patients and healthcare professionals leads to positive care outcomes.**
- **Many patients trust their home care nurses and agree that they will be usually influenced by nurses.**
- **Many healthcare professionals agree that nurses understand their patients better than other health care professionals.**

# Ethical Problems in Diabetes Care Practice

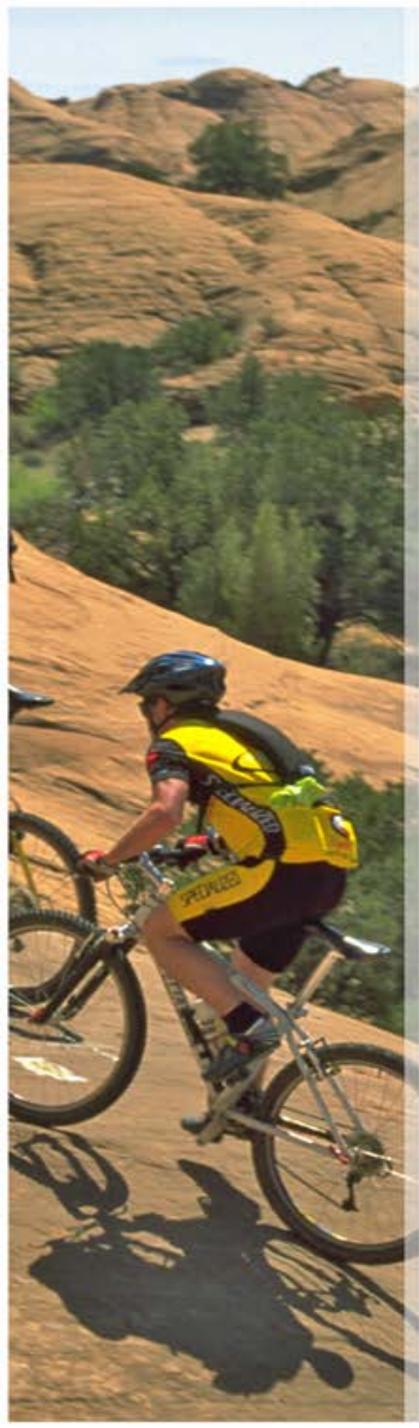
## ➤ Responsibility in conflict with Trust - nurses as an example

- **Nurses have the trust of patients and know patients better than other professionals. They should do something for their patients. They could also work better with patients than other healthcare professionals and may create an effective care in practice.**
- **If nurses work only as mediator and send their patients to others when patients have problems. There will be a conflict between trust and responsibility.**

# Ethical Problems in Diabetes Care Practice

## ➤ Possible explanations and questions

- **The limited diabetes care competence of nurses.**
- **The environment structure such as legal and political factors in diabetes care system.**
- **How do nurses react when they realize that their competence is not sufficient to take responsibility? Do they leave their patients alone? If they do so, trust and finally their relationship will be broken.**



*Thank you for your listening!*