Diabetic foot care providers’ perspectives on barriers and facilitators to delivering patient-focused foot care services: A qualitative descriptive study.

Janet L. Kuhnke, David H. Keast, Robyn, Evans, & Sue Rosenthal

Research Question

What are health care providers’ perspectives on the barriers and solutions to delivery of evidence-informed, patient-focused foot care and foot wear services?

Study Focus

This study examined health care professionals - foot care providers’ perspectives on the barriers and solutions to delivery of evidence-informed, patient-focused foot care services.

- Foot care providers are responsible to deliver foot care services to diverse populations.
- Foot care services are preventative, and treatment focused. Identifying barriers and solutions to delivery of foot care services is crucial.

Methods & Ethics

A qualitative descriptive study design was used (Sandelowski, 2000). Participants were health-care professionals providing foot care, foot wear, and wound care services in a Canadian province. Professionals voluntarily completed 48 open-ended surveys. Survey data was thematically analyzed to identify meaning and leading themes (nVivo10). The lead researcher kept field notes to support auditability and trustworthiness.

Ethical approval was from the Research Ethics Board at St. Lawrence College, Cornwall, Ontario. Informed participant consent was obtained. Workshop attendees did not have to participate, and they did not have to return the survey if they did not choose to do so.

Theoretical Framework

The theoretical framework guiding this study was the Chronic Care Model (Barr et al., 2003; Wagner et al., 1996). This study aimed to explore barriers and facilitators to delivery of best practices in foot care and foot wear using a naturalistic inquiry and a qualitative descriptive design.

Findings

Respondents, were primarily registered and practical nurses (38/48); foot care nurses, occupational and physiotherapists, enterostomal therapists, and podiatrists (10/48) (See Table 1). They described being passionate about patient care and were committed to supporting preventative strategies for patients. Respondents continued to provide foot care services when patients did not have enough monies or supports.

- Most respondents worked in rural and northern communities.
- Respondents practiced in acute, long-term, and home and community care, rehabilitation, family health teams, and primary care settings (See Table 2).
- Most respondents were responsible for diabetic foot care, foot wear, and wound care services in their respective communities.

Themes

1) Patient health status and social determinants of health

Respondents identified, that upon completion of a patient assessment, the patient health status was their primary concern. Diabetes and management of blood pressure, nutrition choices, glycemic control, and smoking were highlighted as areas of concern that may preclude patients caring for their foot care and foot wear.

2) Patient and family education

Respondents described patient and family knowledge deficits with foot care and foot wear. Understanding why preventative foot care and protective foot wear are needed are poorly understood. For patients who initiate foot care knowledge and finances may preclude them from participating in foot care and foot wear services long-term.

3) Patient cultural, psychosocial and socioeconomic

Closely linked to patient health status and education was the theme of personal culture and finances. Respondents identified that care providers must be culturally competent and take time to understand the population with which they practise.

4) Professional and health-care organizational issues

Foot care providers acknowledge the need for increased education on foot care and foot wear. The role of foot screening and assessments were not seen as a priority by some teams and providers, hence they are not completed. Respondents describe that if the foot assessment is not completed, the patient does not receive accompanying education and may be placed at risk.

Clinical Implications

1. The cornerstone in prevention of diabetic foot complications is education; health-care professionals seek to partner with patients and family members to prevent diabetes-related foot complications.

2. Patient’s overall health status are complicated by diabetes mellitus.

3. Patients’ personal income, housing, employment and access to safe water often preclude patients participating in foot care and foot wear care recommendations made by health-care professionals.

4. Health-care professionals want to support their organizations to embrace strategies to prevent diabetes-related foot complications.

Table 1: Study Participants

<table>
<thead>
<tr>
<th>Professional Role</th>
<th>Practice Location</th>
<th>Practice Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foot Care Nurse</td>
<td>14</td>
<td>33</td>
</tr>
<tr>
<td>Foot Care Nurse with no PM / RN designation</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Physiotherapist</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>17</td>
</tr>
</tbody>
</table>

Table 2: Participant’ Practice Settings

<table>
<thead>
<tr>
<th>Health care setting*</th>
<th>PN</th>
<th>PN-FCN</th>
<th>RN</th>
<th>RN-FCN</th>
<th>FCN with no PN/RN design</th>
<th>PT</th>
<th>Podiatrist</th>
<th>OT</th>
<th>ET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long Term Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Treatment</td>
<td>1</td>
<td>7</td>
<td>8</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Health Team</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care</td>
<td>2</td>
<td>1</td>
<td></td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Participants employed in multiple settings. FCN-Foot Care Nurse. PN-Practical Nurse. RN-Registered Nurse. PT-Physiotherapist. OT-Occupational Therapist. ET—Enterotherapist.

References


2. Canadian Institute of Health Information. (2013). Compromised wounds in Canada. Retrieved from...
