Summer Training at
HeatlhCare at Home Pvt. Ltd., Noida
(April 3 to June 2, 2017)

Report on "Effects of Psychosocial Factors on Diabetes Management

By
Pragya Singh

Under the guidance of
Col. (Dr.) Ashok Kaushik

MBA Hospital & Health Management
2016-2018

Institute of Health Management Research
The IIHMR University, Jaipur
2017

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that **Dr. Pragya Singh** has undergone summer training in **HealthCare at Home, Noida** from **3rd April to 2nd June 2017**.

The candidate herself completed the project assign to her during summer training. Her approach to the project was sincere and proactive. This summer training is in partial fulfillment of the course requirement recommended for the award of MBA in Hospital and Health Management.

I wish her success in all her future endeavors.

Col. (Dr.) Ashok Kaushik
Dean (Academic & Student Affair)
The IIHMR University, Jaipur

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HealthCare at HOME
By your side

02 June 2017

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr. Pragya Singh, student of **The IIHMR University, Jaipur** has successfully completed her summer training from 03rd April 2017 to 02 June 2017, **at HealthCare at Home Private Limited.**

Apart from the general understanding of the company, she has undertaken following project:

1. Effects of Psychosocial factors on management of Diabetes
2. Designing an effective training content for Business Acquisition Team
3. Audit on Employee's Personal File

Dr. Pragya was found to be hardworking, pleasant and sincere student. She has completed her project entirely to the satisfaction of the organization.

We wish her all the best for her future endeavour.

For **HealthCare at Home Private Limited**

Rolli Saxena Awasthi

General Manager – Human Resources

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CIN: U85190DL2012PTC242876 | **Toll Free:** 1800-102-4224 | **www.hcah.in**

BACKGROUND

Health Care at Home India is backed by the Burman family (the promoters of Dabur), with their proud legacy of trust and excellence for over 125 years. Our endeavour is also backed by the clinical credibility of the founders of the Health Care at Home UK, where the company has a healthy market share of 80% and is considered a leader and pioneer in home healthcare. In India, they look to bring significant value to the healthcare industry and the home health service sector by drawing synergies and lending support to the existing organizations. Above all HCAH aim to bring quality health care, offering comfort and convenience to the patient right at their door step.

Vision

HealthCare at HOME will strive to be the most people-centric, credible and comprehensive home healthcare solution provider in India.

Mission

Creating a service delivery model with 'people-centricity' at the core of it. Delivering credible clinical outcomes, for every patient, every time. Evolving a scalable and self-sustaining business model.

SERVICES PROVIDED BY HEALTHCARE AT HOME:

Major business verticals Healthcare at Home carries with it are:

Acute

Chronic

Pharma services

Pharma distribution

Diagnostics

Business to business

Medical equipment’s

Lab sample

Benefits with HealthCare at Home

 Cost effective with excellent clinical outcomes.

 Personalized care by competent professionals guided by customized care plan prescribed by your doctor.

 Quicker recovery in a comfortable and secure home environment.

 Professional protocol led healthcare with reduced scope of hospital acquired infections.

 Comfort and convenience of getting hospital like care at a time favourable to you and your family.

Efficient through technology

 Tablet app for data collection during patient visit with real-time reports to doctors.

 Automated updates sent to patient's family.

 Simulation based training for nurses and specialists.

 GPS tracking for timely arrival and employee safety.

Healthcare at Home ensures a Quality Assurance cycle which consists of:

 On site audit

 Documentation audit

 Periodic competency assessments

<u>Benefits of being treated by HCAH</u>

Cost effective with excellent clinical outcomes

Receive healthcare at par with hospitals without the hassle, additional expense and time spent on multiple hospital visits.

Quicker patient recovery at home

Being in a familiar environment has the psychological benefits of security and reduces the risk of hospital acquired infections, speeding up patient recovery.

Professional protocol led healthcare.

Qualified medical professionals visit daily to ensure care at home is carried out with strict adherence to protocols backed by a clinical team.

Personalized patient care with doctor supervision

The patient's doctor controls treatment via care guided by a customized care plan. Progressed is tracked through Home Visit Reports (HVR) which are generated as clinical data is captured on hand held devices at the bed side of the patient.

Comfort and convenience for the patient & the family

Apart from the visit reports to doctors for consultation, HCAH extend regular patient health reports. Disease counselling and patient education to keep the family informed and involved in monitoring progress.

INSTITUTE OF HEALTH MANAGEMENT RESEARCH

DECLARATION

I do hereby declare that I am student of 1st year (batch 2016-2018), pursuing MBA in hospital and healthcare management, at IIHMR University, Jaipur, Rajasthan.

I would like to state that I have done the project on '**Effects of psychosocial factors on diabetes management"** under the guidance of **Mrs. Kanika Malhotra (Program manager-clinical services)** at **Healthcare at home, Noida, U.P** for partial fulfilment for the degree of MBA in Hospital and Healthcare Administration.

This project work is my own and has not been submitted to any of the other institute or university for the purpose of award of any degree or diploma.

Dr. Pragya Singh

IIHMR University

(2016-2018)

ACKNOWLEDGMENT

I take this opportunity to express my profound sense of gratitude and indebtness to all those to help me throughout the duration of project.

I would like to acknowledge first and foremost Mrs. Kanika Malhotra (Program Manager- clinical services)

For showing confidence in me and giving me such a wonderful topic to do and guiding me throughout this project.

Then I would like to thank Mr. Ujjwal Abhishek (Training Manager) for his guidance throughout my internship period

I would like to thank my faculty and specially my mentor Dr. Ashok Kaushik (Dean Academics) for guiding me all through the internship.

I would also whole heartedly thank the entire staff at Healthcare at Home Noida for being so supportive and helpful and taking out some time from their hectic schedule and giving all the required information.

At the end Iam thankful to god and my heartfelt gratitude to my parents.

THANKYOU ALL

Dr. Pragya Singh

IIHMR University

(2016-2018)

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Effect of Psychosocial factors in management diabetic patients

INTRODUCTION

Diabetes is a chronic illness that places a significant self-management burden on affected individuals and families. Individuals who all are suffering from such diseases goes through lot of distress which eventually effects their medication adherence, diet, blood glucose self-monitoring.

Psychosocial factors play a major role in limiting self-management of diabetic patients. Psychosocial factors are those factors associated with psychological and social wellbeing of the people. Complex environment, social, behavioural and emotional factors are known as psychosocial factors. Psychosocial factors in diabetes may comprise of emotional variables and social variables.

Emotional variables are depression, anxiety, fear of hypoglycaemia, stress, diabetes distress.
Social variables are cultural barrier, marital status and social support, stigma, affordability

The biomedical model of diabetes fails to meet patients' psychosocial needs. Diabetes places a constant strain on patients to maintain the required change in lifestyle. Living with diabetes can mean loss of health, independence and freedom. The emphasis on glycaemic control means that patients often feel 'victimised' by health professionals when they fail to achieve it. Professionals need to cease their fixation on glycaemic control, and concentrate more on the wider aspects of diabetic instability.

The impact of the psychosocial burden of diabetes is still not fully recognised. Many people with diabetes still face significant challenges in areas including self-management, adherence, access to support and involvement in care. Healthcare systems are struggling to accommodate person-centred models of care and to encourage people with diabetes to self-manage their condition

Lifestyle management of diabetes involves weight reduction in the obese or overweight patient and a change in dietary habits. This is usually difficult for most patients and imposes a psychological burden on them. A lack of understanding of the disease by their peers, colleagues, and family members also makes it difficult for them to adjust to their new situation.

Many patients due to burden of diabetes treatment plans and pressure to change their lifestyle according to the diabetes treatment plan goes through lot of depression and diabetes related distress. And due to this frustration and lack of awareness about diabetes, usually patients drop out their treatment plan without knowing what will be the outcome.

And many patients due to lack of social and family support unable to follow the diabetes treatment plans and which in return they have to face many complications. so, it is very important to emphasis on psychosocial aspect along with just controlling blood glucose.

LITERATURE REVIEW

The impact of the psychosocial burden of diabetes is still not fully recognised. Many people with diabetes still face significant challenges in areas including self-management, adherence, access to support and involvement in care. Healthcare systems are struggling to accommodate person-centred models of care and to encourage people with diabetes to self-manage their condition. (**Ref-DAWN2 study**)

psychosocial factors impacting self-care such as diabetes distress (burdens of diabetes and its treatment, worries about adverse consequences), lack of social and economic resources, and other psychological states (e.g., depression, anxiety, eating disorders, cognitive impairment), as well as health literacy and numeracy, should be monitored. Care providers should implement interventions to address the day-to-day problems of living with diabetes, particularly diabetes-related distress related to self-management behaviours, as well as diabetes-related family conflict. (**Ref- psychosocial care for people with diabetes YOUNG HYMAN)**

It has been emphasized that there is more to diabetes than just glucose control, and emotions play an important role in diabetes. (**Ref- www.ncbi.nlm.nih.gov/pmc/articles/PMC3712367**/)

More effort is required from health care providers in moving away from just understanding the effects of new drugs and subsequently putting their patients on these drugs, and going back to the basics of communicating with the patients, understanding their woes, and helping to motivate/empower their patients

(Ref- www.ncbi.nlm.nih.gov/pmc/articles/PMC3514066/)

Despite the availability of several evidence-based guidelines for managing diabetes, few, if any, focus on the psychosocial aspects. Psychosocial management is integral to holistic management of diabetes; it forms the key to realizing appropriate biomedical outcomes. Dearth of attention to psychosocial aspects is as much due to lack of awareness as to lack of guidelines. This lacuna results in diversity amongst standards of clinical practice, which in India, is also due to the diversity and complexity of psychosocial care itself.

(Ref - http://www.apiindia.org/medicine_update_2013/chap46.pdf.)

Diabetes is a chronic illness that places a significant self-management burden on affected individuals and families. Given the importance of health behaviours—such as medication adherence, diet, physical activity, blood glucose self-monitoring—in achieving optimal glycemic control in diabetes, interventions designed and delivered by psychologists hold promise in assisting children, adolescents, and adults with diabetes in improving their health status and lowering their risk of serious complications.

(Ref- Psychosocial Factors in Medication Adherence and Diabetes Self-Management: Implications for Research and Practice

Most healthcare professionals would argue that improving the quality of life for their patients is one of their ultimate goals. But is this what we really do for people with diabetes? Or do we send them further down the road of psychological distress? Metabolic control may be important, but is it the most important factor of diabetes care? This article briefly describes some of the research exploring psychosocial issues in diabetes and discusses ways of integrating these perspectives into care.

(**Ref- How important are the psychosocial aspects of diabetes**?)

OBJECTIVE

To figure out how psychosocial factor affecting the treatment plan of the diabetic patient and what makes them to drop out their treatment plan.

To find out what are the needs and behaviour of diabetic patients towards their treatment plan.

RESEARCH METHODOLOGY: -

- **Stud –**
  - **Study type**- Descriptive study with cross-sectional design.
  - **Study population-** patients enrolled for diabee program at health care at home.
  - **Duration of study**- 15 days
  - **Research approach**- qualitative approach
  - **Sampling technique**- convenience sampling
  - **Sample size**- 51 patients
  - **Data collection - Primary data: -** semi-structured questionnaire was prepared and pretested after that desiered changes were done.

    Survey tool is prepared on the basis these variables**: -**
    - **Diabetes related distress**: - Negative psychological reactions like depression, anxiety and exertion related to emotional burdens of managing a demanding chronic disease.
    - **Physician related distress**: - treatment plan provided by doctor places constant strain on patient.
    - **Self-care behaviour: -** taking good meal plan, checking blood glucose, medicine adherence.
    - **Cultural/religious barrier: -** effect on diabetes treatment plan while keeping fast and going for religious activity.
    - **Family support**
    - **Stigma: -** feeling hesitant to take insulin pumps, medication, and diabetes related diet in front of others. And such stigmatization affects diabetes treatment.
    - **Affordability**: - financial condition hinders diabetes treatment of patient.

- **Data analysis**- data entry was done in ms excel and data was analysing Using pie chart and pivot chart using Microsoft excel.

RESULTS

Diabetes related distress

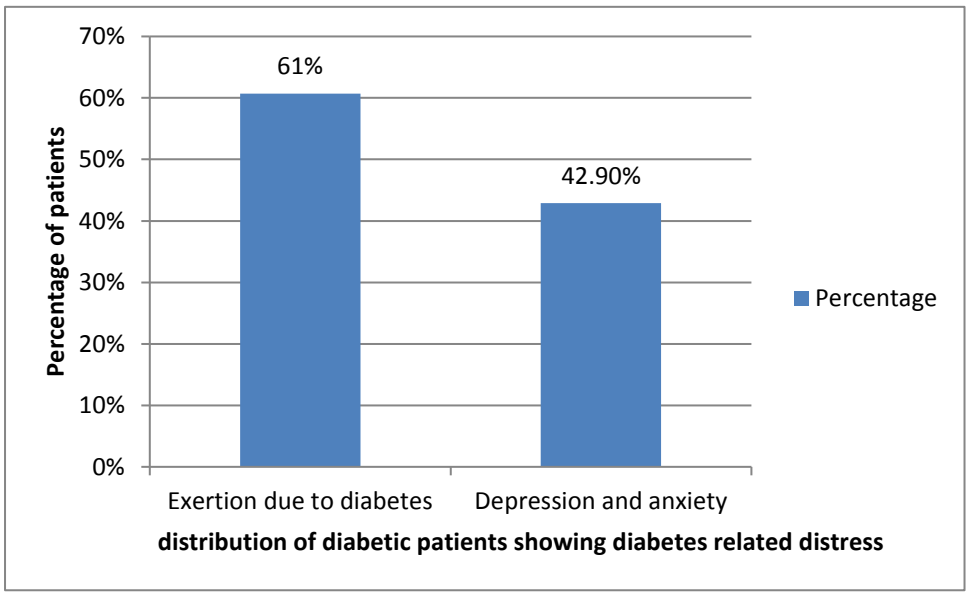
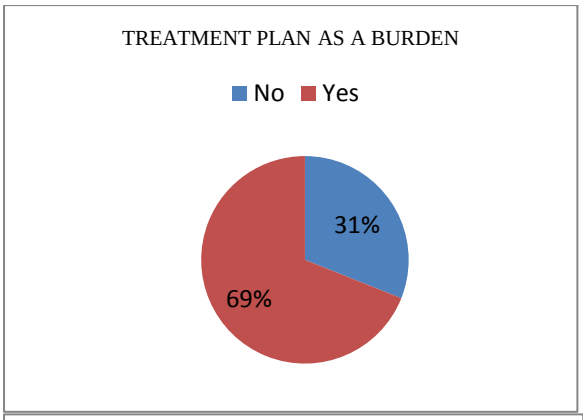
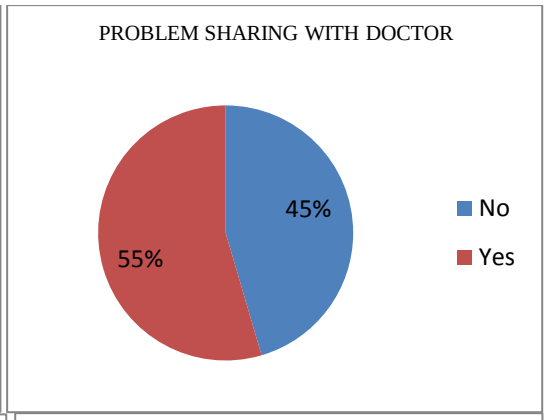


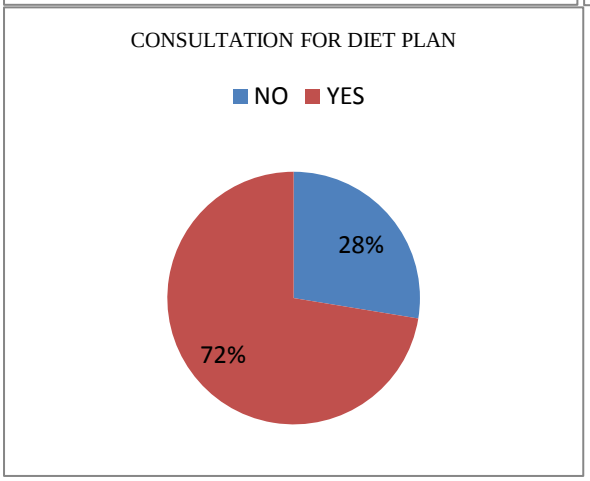
Figure 1. ……..

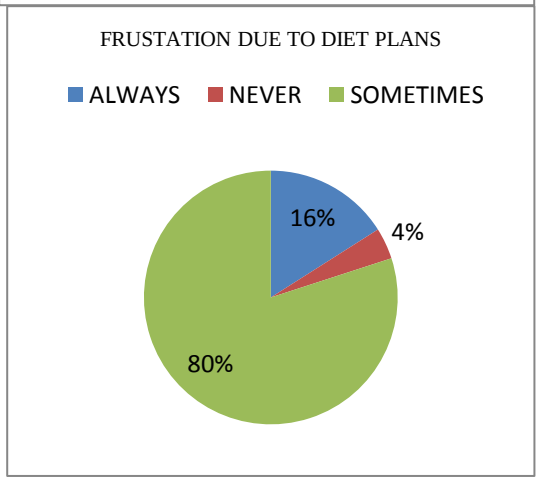
42.9% patients feel that they might be feeling depression and anxiety and 61% of patients feels exertion, So every counsellor should check whether their patients are emotionally distressed or not. They can measure emotional distress of every patient by using PAID scale. (Problem areas in diabetes).

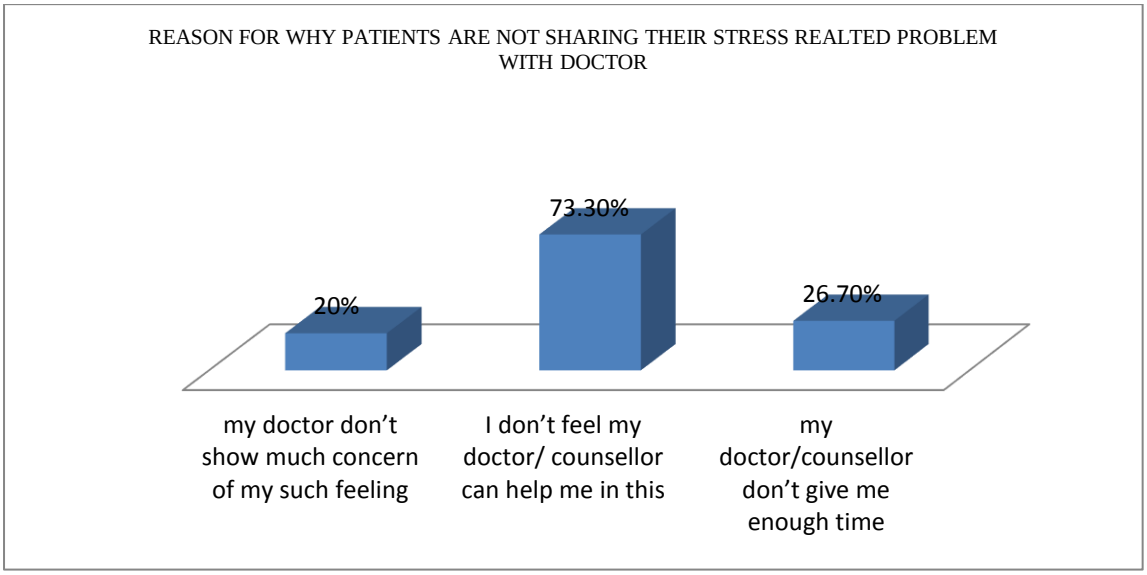
PHYSICIAN RELATED DISTRESS







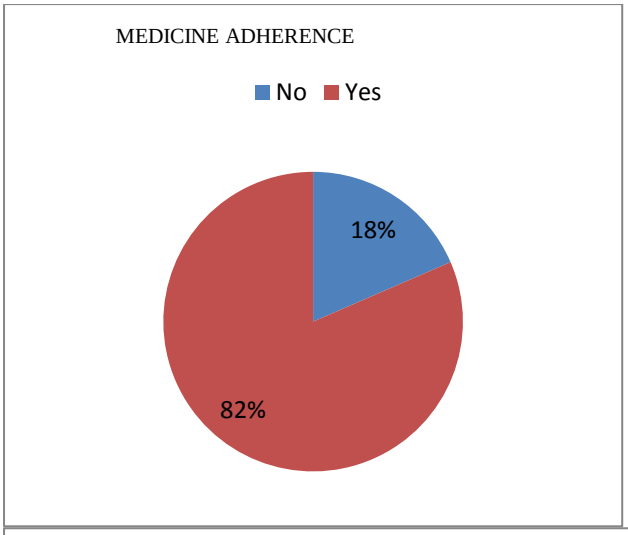


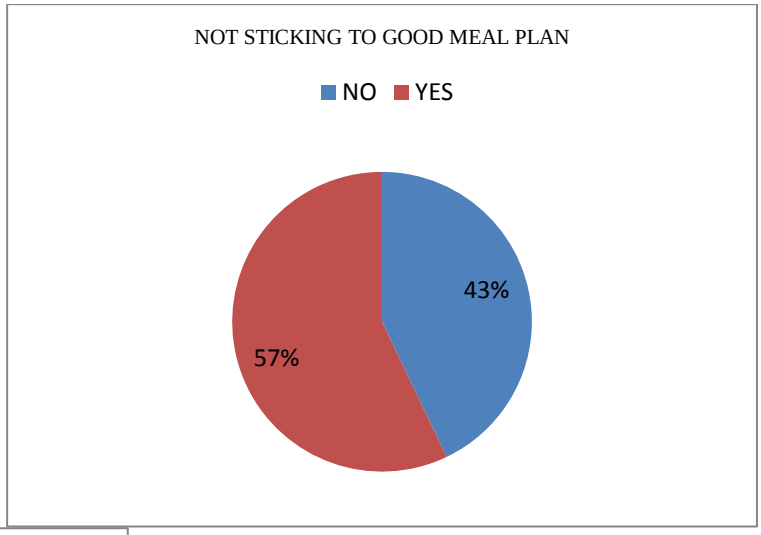


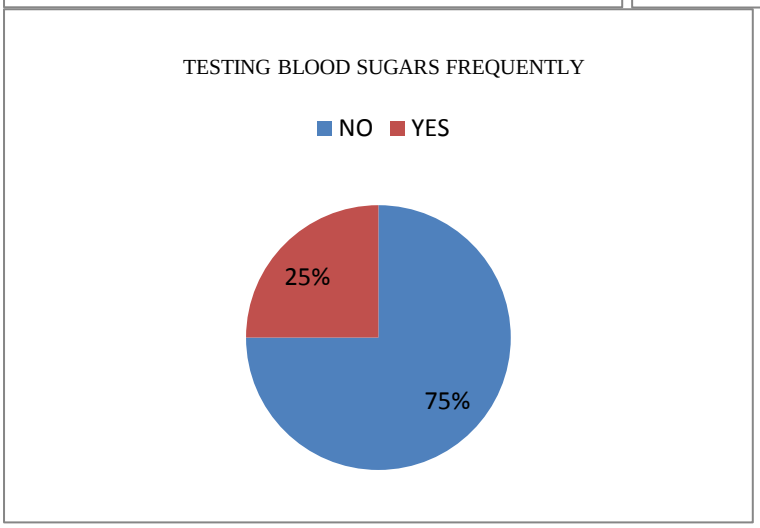
INFERENCE

69% of patient feels burdened by the treatment plan provided health care providers. 45% of patients are not sharing their problem with health care providers.73.3% of patient's feels that their health care providers cannot help them in stress related problem.72% of patients consults their health care providers for health plan. And 80% of patients sometimes feel frustrated of diet plans provided by health care providers.

SELF CARE BEHAVIOUR



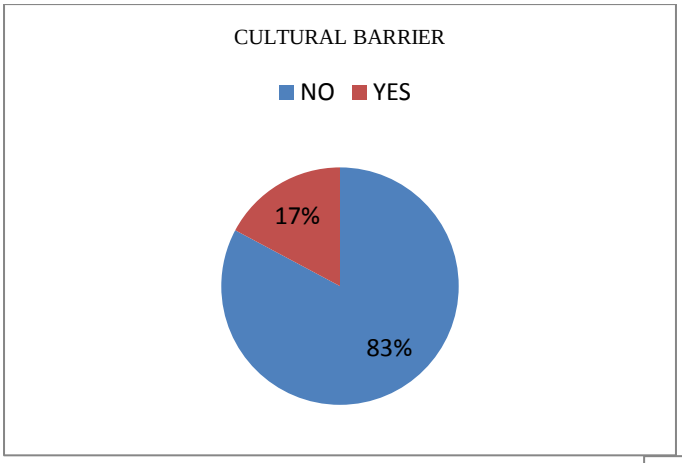


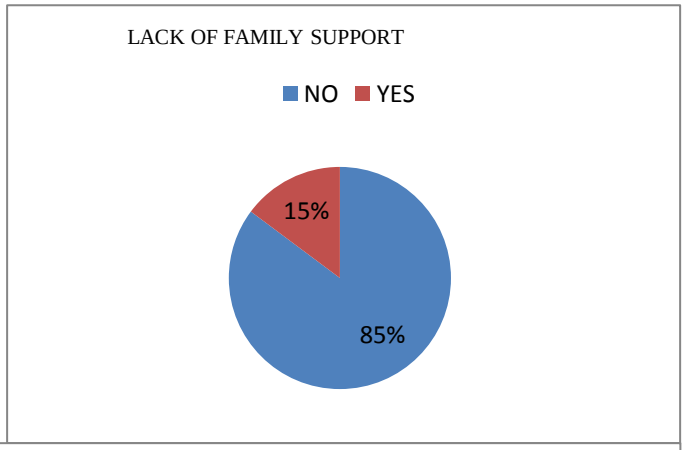


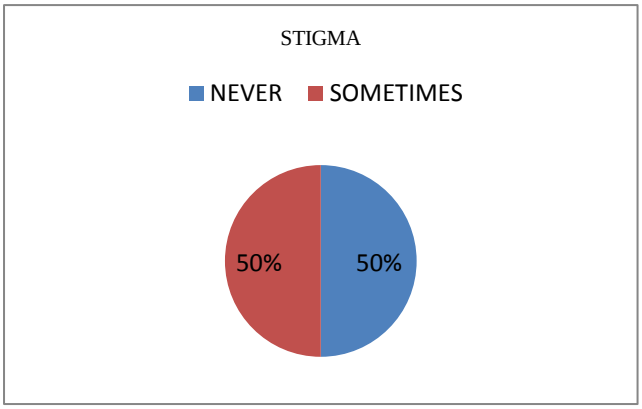
INFERENCE

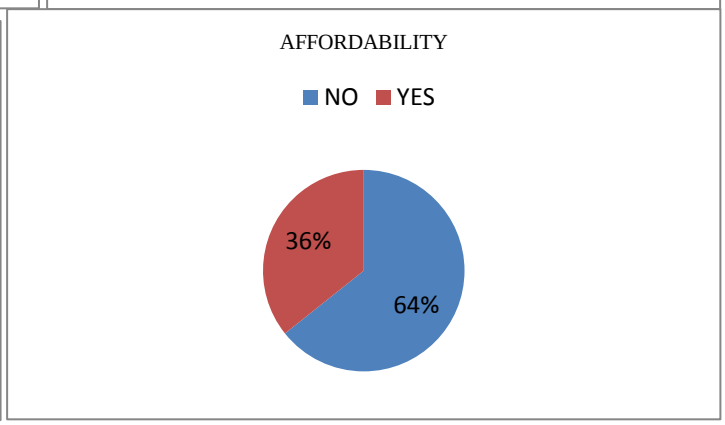
Self-care behaviour of most of the patients is not satisfactory.57% of patients is not sticking to good meal plan. And 75% of patients are not testing blood sugars frequently.

OTHER SOCIAL BARRIERS





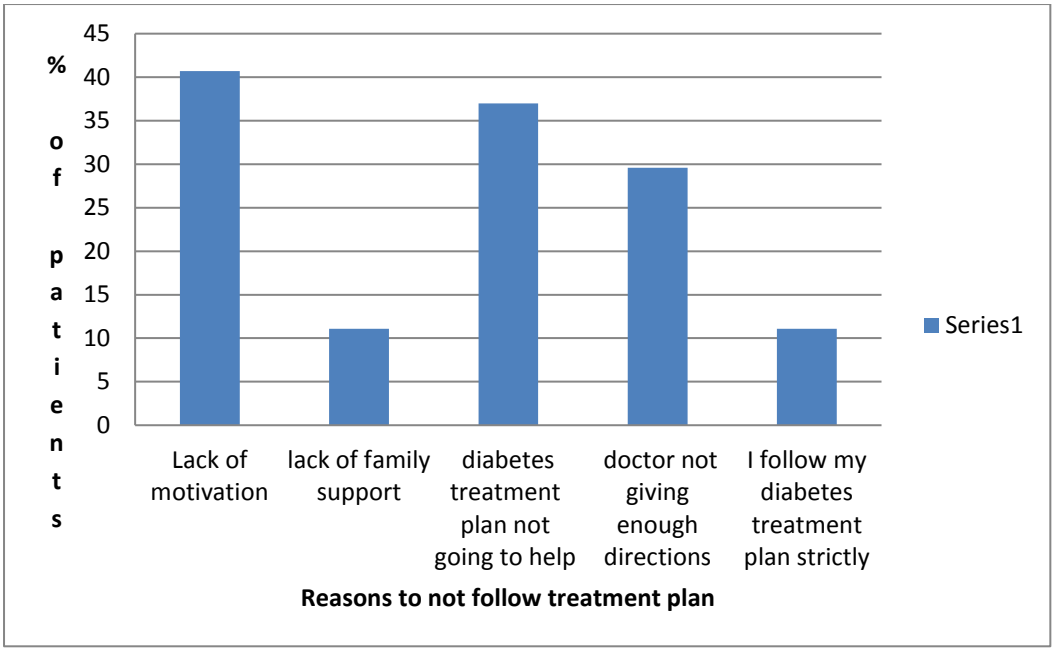




INFERENCE

Majority of patients (83% and 85%) feel there is no cultural barrier and lack of family support. But 50% of patients feel hesitant to take insulin pumps, medication, and diabetes related diet in front of others. And such stigmatization affects diabetes treatment. 64% of patients feel that their financial condition hinders diabetes treatment plan.

WHAT MAKE DIABETIC PATIENTS TO NOT FOLLOW DIABETES TREATMENT PLAN



INFERENCE

For majority of patients (40.70%) lack of motivation is major factor which makes them to not follow their diabetes treatment plan. Most of them also think that diabetes treatment plan will not going to help them in diabetes.

PATIENTS COMMENTS ON HOW THEIR DOCTORS/COUNSELLORS CAN HELP THEM

- ☐ Should let me eat whatever I want.
- ☐ Patient friendly diet.
- ☐ No, they can't help me.
- ☐ By giving me diet plan on what should I eat or what should avoid.
- ☐ I love having sweet food but when the doctor says no strictly, I feel so depressed about it. So I would like my doctor to suggest me sugar free diet which taste good and not be strict about my diet plans.
- ☐ By giving me more information on diabetes.
- ☐ Faster treatment

RECOMMENDATIONS

- **Diabetes related Distress**: Routinely monitor people with diabetes for diabetes distress.
- Particularly when treatment targets are not met and/or at the onset of diabetes complications. Counselor can also use PAID scale to measure emotional distress.

	Not a problem	Minor problem	Moderate problem	Somewhat serious problem	Serious problem
1. Not having clear and concrete goals for your diabetes care?	0	1	2	3	4
2. Feeling discouraged with your diabetes treatment plan?	0	1	2	3	4
3. Feeling scared when you think about living with diabetes?	0	1	2	3	4
4. Uncomfortable social situations related to your diabetes care (e.g., people telling you what to eat)?	0	1	2	3	4
5. Feelings of deprivation regarding food and meals?	0	1	2	3	4
6. Feeling depressed when you think about living with diabetes?	0	1	2	3	4
7. Not knowing if your mood or feelings are related to your diabetes?	0	1	2	3	4
8. Feeling overwhelmed by your diabetes?	0	1	2	3	4
9. Worrying about low blood sugar reactions?	0	1	2	3	4
10. Feeling angry when you think about living with diabetes?	0	1	2	3	4
11. Feeling constantly concerned about food and eating?	0	1	2	3	4
12. Worrying about the future and the possibility of serious complications?	0	1	2	3	4
13. Feelings of guilt or anxiety when you get off track with your diabetes management?	0	1	2	3	4
14. Not "accepting" your diabetes?	0	1	2	3	4
15. Feeling unsatisfied with your diabetes physician?	0	1	2	3	4

Physician related distress: -

- Patients feel burdened by treatment plan provided by health care providers. Around 69% patients feel like that 45% of patients are not sharing that they feel burdened by treatment plans to their doctors and counsellors, and majority of patients feels that doctors and counsellors can't help them in this, counsellors should make better relationship with patients and show concerns for such feeling.
- 80% of patients sometimes feel frustrated of diet plan provided by their dietician. So counsellors or dietician need to set a diet plan for short duration like for 7 days. And if by following this diet their blood glucose seems to be controlled than encourage them for their achievement.

Psychosocial care: - psychosocial care should be provided to all people with diabetes, with the goals of optimizing health outcomes and QOL.

Psychosocial screening and follow-up include. -

- ✓ Attitude
- ✓ Expectations for medical management and outcome.
- ✓ Affect/mood.
- ✓ Resources- financial, social, emotional.
- ✓ Psychiatry history.

CONCLUSION

Psychosocial aspect in diabetes treatment is really important. In chronic illness like diabetes it is really important to know the psychology of the patient regarding diabetes and how he/she feels living with diabetes. Social support is also a very important factor which plays a crucial role for diabetic patients in following the treatment plans. Major challenge for health care providers is to find out what patients need and what he/she feels about diabetes and its treatment plan, so Health care providers should not only concentrate in just controlling blood sugar levels, but they should also show concern for the feelings of the patients and how diabetes is affecting their psychology. So, by finding the attitudes, needs and wishes of the patients regarding diabetes, it will give better outcomes of diabetes treatment plans.

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- National recommendations: psychological management of diabetes in India

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- Psychosocial factors impacting on treatment adherence in diabetes

http://psychology.tcd.ie/spj/past_issues/issue01/Reviews/PSYCHOSOCIAL%20FACTORS%20IMPACTING%20ON%20TREATMENT%20ADHERENCE%20IN%20DIABETES.pdf