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Primary Health Care Nursing Diabetes Management Survey

Please complete this survey form to reflect your present situation.
Please tick the correct response.
Write N/A if the question does not apply to your area of work.

PERSONAL DETAILS

1a Gender □ Female □ Male

1b Age □ <25 □ 25 - 30 □ 31 - 35 □ 36 - 40 □ 41 - 45
□ 46 - 50 □ 51 - 55 □ 56 - 60 □ 61 - 65 □ >65

1c Which ethnic group do you belong to? (tick all those that apply)

□ NZ European □ Māori □ Cook Island Māori □ Samoan □ Tongan □ Niuean □ Chinese
□ Indian □ Other (such as Dutch, Japanese, Tokelauan) Please state _______________________

1d Is English your first language? □ Yes □ No

2a What year did you graduate from your primary (first) nursing course? __________ year

2b What country did you graduate in? □ New Zealand □ Other (please state) _______________________

2c What was the nursing qualification you gained? □ RN □ BN □ BHSc □ Enrolled Nurse
□ Other (please state) _______________________

2d Do you have, or are you working towards any other qualification? (tick all those that apply)

□ Certificate □ Diploma □ Degree □ Masters □ Other (please state) _______________________

• If you, ticked any of the above: What year/s did you complete OR __________, __________

expect to complete your most recent qualification: _______________________

3a Have you undertaken any specific diabetes education since you finished your primary nursing course?

□ Yes □ No (if no please go to question 4)

3b Where did you gain this education? (tick all those that apply)

□ Tertiary Institute □ Work place □ Conferences □ Workshop □ Other (state) _______________________

3c Please estimate the number of hours you have undertaken on diabetes education, in the last 5 years?

□ < 5 hours □ 5 - 10 hours □ 11 - 20 hours □ > 20 hours

3d Regarding your diabetes experience, where have you mostly cared for diabetes patients? (tick all those that apply)

□ Hospital setting □ District Nursing □ Primary Health Care □ Other (please state) _______________________

Written Survey Questionnaire
4a How many years (in total) have you practiced as a nurse in a community setting?

- □ < 1 year
- □ 1 – 5 years
- □ 6 – 10 years
- □ > 10 years

4b What best describes your current nursing role?

- □ Practice Nurse
- □ District Nurse
- □ Diabetes Nurse Specialist
- □ Other __________________________

4c How many years (in total) have you worked in this current nursing role?

- □ < 1 year
- □ 1 – 5 years
- □ 6 – 10 years
- □ > 10 years

5a What best describes your current work setting?

- □ General Practice
- □ Home Visits
- □ Hospital Clinics
- □ Other __________________________

5b How long have you worked at your present practice / service?

- □ < 1 year
- □ 1 – 5 years
- □ 6 – 10 years
- □ > 10 years

5c How many hours do you work in a typical week?

- □ 8 or less
- □ 9 - 16
- □ 17 - 24
- □ 25 - 39
- □ 40 or more

**PRACTICE DETAILS**

6 What DHB is your Practice / Service located in?

- □ Waitemata
- □ Auckland
- □ Counties Manukau

Within the last 3 months:

7a During the week how many doctors usually work each day at your practice / service?

- □ none
- □ 1 only
- □ 2 - 3
- □ 4 – 7
- □ 8 - 10
- □ More than 10

7b During the week how many nurses usually work at your practice / service?

- □ 1 only
- □ 2 only
- □ 3 – 4
- □ More than 4

7c During the week how many receptionists or clerks work at your practice / service?

- □ none
- □ 1 only
- □ 2 only
- □ More than 2

7d Do any of the specialists involved in diabetes care (listed below) work at your practice / service?

- Diabetes Nurse Specialist □ Yes □ No
- Diabetes Nurse Educator □ Yes □ No
- Disease State Management Nurse □ Yes □ No
- Diabetologist □ Yes □ No
- Dietitian □ Yes □ No
- Podiatrist □ Yes □ No
- Other (please state) __________________________

7e How often does a nurse specializing in diabetes care, visit your practice / service? At least once:

- □ A week
- □ A month
- □ Every 6 months
- □ A year
- □ Never
PATIENT DETAILS

8a How many people are registered at your practice / service? _______________

8b How many diabetes patients are registered at your practice / service? _______________ (your best guess will do)

8c How did you get the above information?

☐ From the database ☐ Estimated ☐ Other (please state) _______________

8d What is the ethnic composition of diabetes patients at your practice / service? (approximations will do)

European _____ %  Māori _____ %  Pacific Island _____ %  Asian _____ %  Other _____ %

The following questions relate to general diabetes management activities.

9a Does your practice or service organize a blood test for diabetes patients before their consultation?

☐ Always ☐ Often ☐ Sometimes ☐ Rarely ☐ Never ☐ Not Applicable

9b Do diabetes patients routinely see you when they attend your practice / service?

☐ Always ☐ Often ☐ Sometimes ☐ Rarely ☐ Never ☐ Not Applicable

9c Do diabetes patients make an appointment to see you?

☐ Always ☐ Often ☐ Sometimes ☐ Rarely ☐ Never ☐ Not Applicable

9d Within your practice who mostly carries out the follow-up care of diabetes patients after each consultation?

☐ Doctor ☐ Nurse ☐ Both Doctor and Nurse equally ☐ Not Applicable

9e How many diabetes consultations (including 'Get Checked') have you carried out over the past week?

☐ None ☐ 1 - 2 ☐ 3 - 5 ☐ 5 - 10 ☐ > 10 ☐ Not Applicable

10a Who most often checks diabetes patient's laboratory results?

☐ Doctor ☐ Nurse ☐ Both Doctor and Nurse equally

• If you ticked either (nurse) or (doctor & nurse), do you personally check results? ☐ Yes ☐ No

10b Who most often follows up diabetes patients to discuss their results?

☐ Doctor ☐ Nurse ☐ Both Doctor and Nurse equally

10c Do you think you have enough knowledge to:

(i) discuss abnormal laboratory results with patients? ☐ Yes ☐ No

(ii) advise on lifestyle interventions to improve results? ☐ Yes ☐ No

(iii) advise on pharmaceutical interventions or medications? ☐ Yes ☐ No

10d Would you be interested in learning more about abnormal laboratory results in order to advice diabetes patients independently of a doctor? ☐ Yes ☐ No

• If yes, which of the following would you be interested in learning more about? (tick all those that apply)

☐ HbA1c ☐ Total Cholesterol ☐ LDL Cholesterol ☐ HDL Cholesterol

☐ Triglycerides (TAG's) ☐ Serum Creatinine ☐ Microalbuminuria ☐ Other ___________________
11a. Do you mostly give individual advice to your diabetes patients (and their families)?  □ Yes  □ No
   ● If yes, what are the most common topics you advice on? ________________________________

11b. Do you have access to educational material for diabetes patients?  □ Yes  □ No
   ● If yes, please identify these: (tick all those that apply)
     □ Photocopied handouts  □ Colour pamphlets or brochures  □ Posters
     □ Other (please state) ________________________________________________

11c. Do you run group education sessions for diabetes patients?  □ Yes  □ No
   ● If yes, please state the most common topics discussed in these sessions?
     ________________________________________________________________

The following questions relate to the “Annual Get Checked” diabetes assessment.

12a. Who mostly carries out the “Annual Get Checked” diabetes assessments at your practice / service?
     □ Doctor  □ Nurse  □ Both Doctor and Nurse equally  □ Not Applicable
   ● If you ticked (Doctor and Nurse equally), what aspects does the nurse mostly carry out?
     □ Complete assessment  □ Weight  □ Blood pressure  □ Feet check
     □ Lifestyle advise  □ Other ________________________________________________

12b. Do you personally carry out the “Annual Get Checked” assessments (or any part of them)?  □ Yes  □ No
   ● If yes, what percentage of the “Annual Get Checked” assessments do you personally carry out?
     □ < 5%  □ 5 - 25%  □ 26 - 50%  □ > 50%
   ● If no, state the main reasons for not carrying out “Get Checked” assessments? (tick all those that apply)
     □ Doctor carries out “Get Checked” assessments  □ Lack of time  □ Lack of knowledge
     □ Other (please state) ________________________________________________

12c. How much support is there for you to participate in the “Get Checked” programme in your practice/service?
     □ A lot  □ Some  □ A little  □ None  □ Not Applicable
   ● If you ticked (a little) or (none) can you state the main reasons.
     ________________________________________________________________

Thank you very much for participating in this survey