



<http://researchspace.auckland.ac.nz>

## ***ResearchSpace@Auckland***

### **Copyright Statement**

The digital copy of this thesis is protected by the Copyright Act 1994 (New Zealand).

This thesis may be consulted by you, provided you comply with the provisions of the Act and the following conditions of use:

- Any use you make of these documents or images must be for research or private study purposes only, and you may not make them available to any other person.
- Authors control the copyright of their thesis. You will recognise the author's right to be identified as the author of this thesis, and due acknowledgement will be made to the author where appropriate.
- You will obtain the author's permission before publishing any material from their thesis.

To request permissions please use the Feedback form on our webpage.

<http://researchspace.auckland.ac.nz/feedback>

### **General copyright and disclaimer**

In addition to the above conditions, authors give their consent for the digital copy of their work to be used subject to the conditions specified on the [Library Thesis Consent Form](#) and [Deposit Licence](#).

### **Note : Masters Theses**

The digital copy of a masters thesis is as submitted for examination and contains no corrections. The print copy, usually available in the University Library, may contain corrections made by hand, which have been requested by the supervisor.

## 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) \_\_\_\_\_

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      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diabetes Nurse Educator        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Disease State Management Nurse | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diabetologist                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dietitian                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Podiatrist                     | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 advise 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**