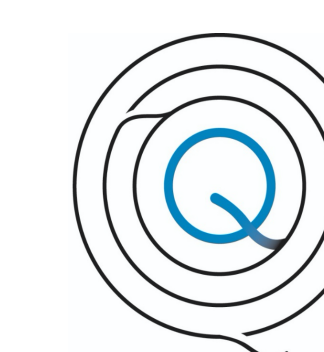


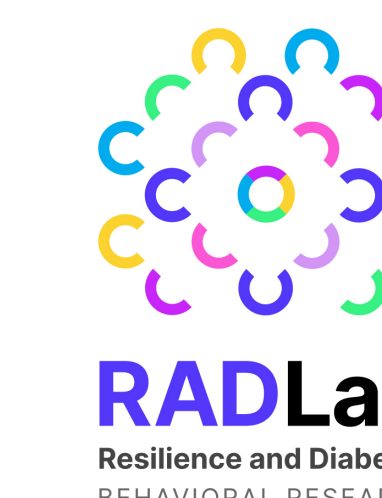
# What's working in pediatric type 1 diabetes provider-family relationships?



DIABETES  
QUALITY OF LIFE  
STUDY



Baylor  
College of  
Medicine



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## BACKGROUND

- Patient/family satisfaction is a key part of the Triple Aim of healthcare.
- Understanding families' positive provider experiences may identify ways to increase satisfaction.
- Aim: Explore what parents like about their child's type 1 diabetes (T1D) care provider/team.

## METHODS

- Qualitative analysis of 23 interviews with parents of youth (4 – 17 yrs.) with type 1 diabetes.
- Three psychologists and three research staff reviewed transcripts to develop thematic codes.
- Codes were applied using NVivo software (39% double-coded).

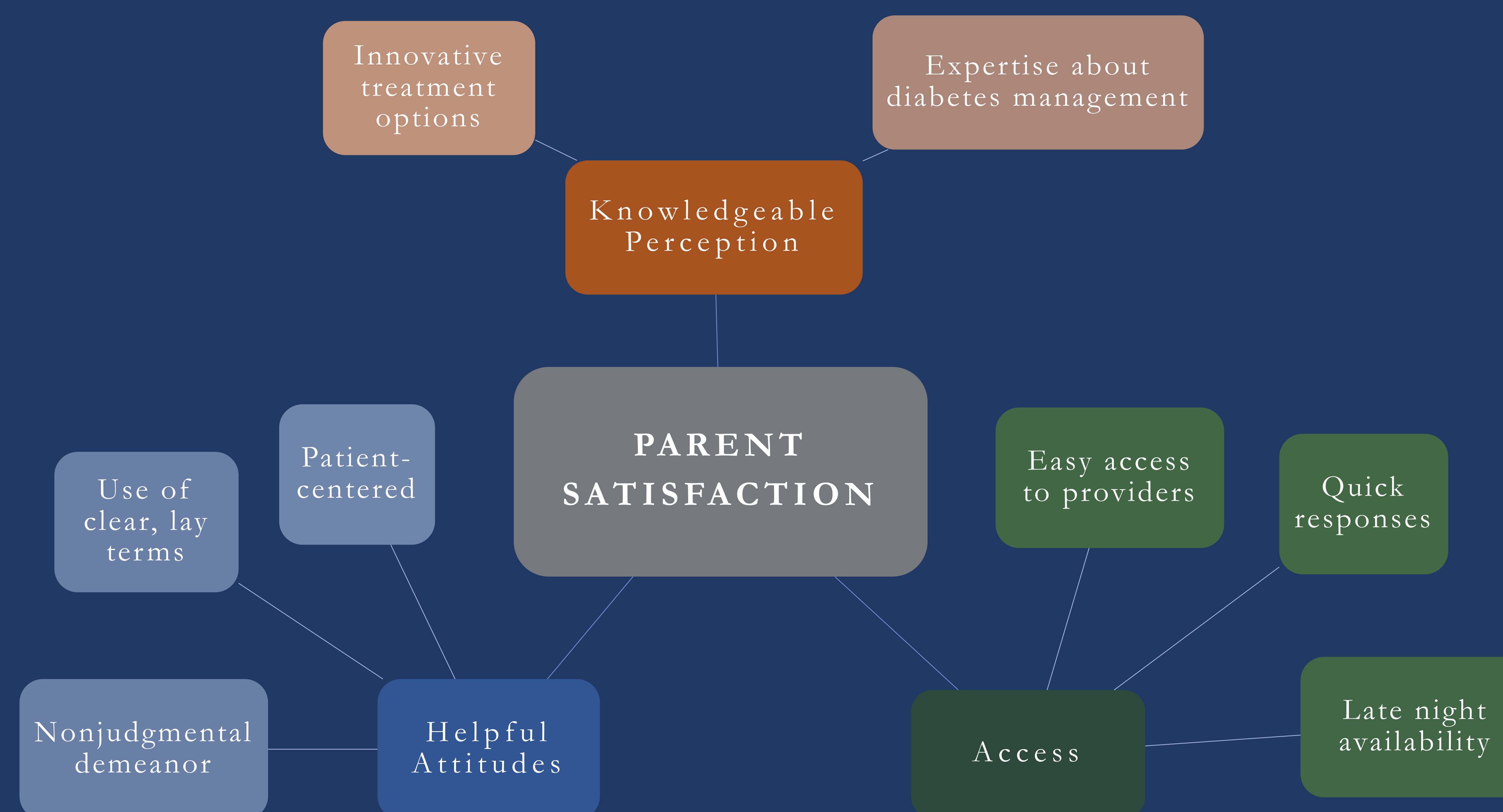
## RESULTS

- Parents described:
  - (1) Feeling satisfied with providers' **knowledge and expertise** about diabetes management
  - (2) Appreciating when providers had **helpful attitudes**
  - (3) Being thankful for having **easy access** to providers

## CONCLUSIONS

- Identifying positive factors can improve provider-family relationships and the healthcare experience.
- Efforts to support provider-family relationships should acknowledge parental perspectives of provider knowledge, helpfulness, and access.
- Psychologists can train providers in effective, supportive communication strategies and model patient-centered approaches to care.

Parents of youth with type 1 diabetes appreciate diabetes care providers' *expertise and helpfulness*, and value having *easy access* to the care team.



Characteristics (n=23)	% (n) or Mean±SD
Youth Age, years	10.9±3.8
Youth Gender, % female	35% (8)
Youth Race/Ethnicity	
Hispanic	30% (7)
Non-Hispanic Black	30% (7)
Non-Hispanic White	39% (9)
Parent Gender, % female	91% (21)
Insurance, % private	52% (12)
Hemoglobin A1c, %	8.7±1.7

### KNOWLEDGEABLE PERCEPTION:

“I was pleased with the doctor. Because he would check over [pt.] and tell him, hey, you're doing too much on this finger and you need to do this and all this other stuff and help.” [Father of 12 year old male]

“Any question I have, they would sit there and say, okay, you know, this is what you're going to do, or I found this app and you know, you should look for it. I love everything, I really do.” [Mother of 7 year old female]

### HELPFUL ATTITUDES:

“They're there to help me figure this out. Not me trying to figure this out on my own and end up giving her too much.” [Mother of 12 year old female]

“I'm just like, okay, am I missing something? And they look at me like, okay, you look like you're lost.” [Mother of 7 year old male]

### SUPPORTIVE COMMUNICATIONS:

“I can call any time, I call 2:00 am and somebody will page the doctor.” [Mother of 9 year old male]

“They call me right away. They don't take more than five minutes.” [Father of 15 year old female]

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**Objective:** The goal of the Institute for Healthcare Improvement's "Triple Aim" framework is to enhance the patient healthcare experience, improve health outcomes, and reduce costs. Patient satisfaction is central to the healthcare experience, and understanding families' positive experiences with their children's providers may help identify ways to increase satisfaction. This study aimed to explore parents' perspectives around what they like about their child's type 1 diabetes (T1D) care provider/team.

**Methods:** As part of a larger qualitative study on diabetes health-related quality of life, 23 parents (96% mothers) of youth with T1D (age 5-17 years, M age= 10.9±3.8 years; 35% female) completed semi-structured interviews about their experiences parenting a child with T1D, including about their child's diabetes care team. Interviews were transcribed verbatim, coded using NVivo software, and interpreted using content analysis to identify themes.

**Results:** Parents described high satisfaction in general with their child's diabetes team, and three themes emerged related to positive provider characteristics. (1) Parents expressed feeling satisfied with providers' knowledge and expertise about diabetes management, such as innovative treatment recommendations to optimize glycemic control. (2) Parents described appreciating when providers had helpful attitudes, including taking time to explain information clearly and in lay terms and using a nonjudgmental demeanor that made families comfortable to discuss struggles of diabetes management. (3) Many parents discussed being thankful for having easy access to providers, like being able to efficiently contact team members for help and receiving quick responses, especially for medical emergencies late in the evening.

**Conclusions:** Identifying contributors to family satisfaction can help healthcare systems focus on aspects of provider-family relationships that enhance the healthcare experience. As liaisons to medical teams, pediatric psychologists are well-positioned to advocate for patient/family preferences. Integrated psychologists may have opportunities to train providers in effective, supportive communication strategies and model patient-centered/nonjudgmental approaches to care.