The clarity, timing, and authority of the delivery of a diagnosis of type 2 diabetes had important meaning for patients


How do patients with newly diagnosed type 2 diabetes perceive their diagnosis?

Many patients believed that hospital consultations were important for obtaining an accurate diagnosis and determining a management regimen. The waiting. Patients felt that delays were inevitable in getting hospital clinic appointments. However, some experienced waits of any duration as problematic, especially if they perceived diabetes to be a potentially serious condition requiring immediate medical attention. Many believed that clinic staff would “help to clear up a lot of anything that’s unknown.” Most patients waited several months for a hospital appointment and, in the interim, saw a dietician or nurse in a primary care setting. Sometimes, lengthy waits for hospital clinic appointments were perceived by patients as an indication that their condition was not serious, or even that they might not have diabetes.

CONCLUSION
The perceptions of patients with newly diagnosed type 2 diabetes about their diagnosis focused not just on identifying and naming the disease, but also on the meaning related to the clarity, timing, and authority of the delivery of the diagnosis.

Commentary
The study by Parry et al raises several interesting points for practising nurses to consider. In this study, clients attributed specific meanings to individual stages of the diagnostic process based on individual presumptions. These meanings were often based on a lack of information and on personal beliefs about the roles and authority of the professionals involved. In considering our own practice, it would be worthwhile exploring clients’ understanding of the process of referral for diagnostic procedures or expert opinion. Examining how procedural and organizational information is presented to clients and identifying existing beliefs or misconceptions may prove illuminating. Nurses should also consider whether organisational procedures inform the client or introduce opportunities for misconceptions to proliferate. Consideration of client perceptions of authority in the healthcare system in specific cultural settings may also provide insight and improve understanding of behavioural patterns. The establishment of a medical diagnosis and naming of a condition in concrete terms was also important to the clients in this study. In an observational study on the information and decision-making preferences of hospitalized adult cancer patients, Blanchard et al also found that assigning a definitive medical name or label to an affliction helped patients to begin to consider the impact of the disease on their lives.1 Open disclosure of early diagnostic information is an area of controversy and raises issues of accountability for practitioners and advocacy for clients. Lastly, the findings of Parry et al acknowledge the vulnerability of clients during the diagnostic phase of disease management. Nurses should consider the implications of any uncertainty introduced into the process (whether real or perceived) for their clients.

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