

Exploring Barriers and Facilitators to Attendance at Type 2 Diabetes Structured Education Programmes in Ireland: A Qualitative Study.

Study Report

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Thank you for your involvement in this study either by taking part in an interview, or by recruiting participants. We very much appreciate you taking part.

Background

The Health Behaviour Change Research Group at NUI Galway conducted a research prioritisation process and asked people with diabetes, health professionals and policy makers to identify the most important topics to research in diabetes. Low attendance at structured education for Type 2 diabetes (T2DM) was identified as a priority area for research in Ireland.

Aim: To explore barriers and facilitators to attendance at T2DM structured education programmes in Ireland.

Methods

13 people with T2DM who had attended at, or been invited to, one of the three programmes (CODE, DESMOND and X-PERT) available in Ireland and 14 educators took part in telephone interviews. We recorded and transcribed the interviews and analysed the interviews using inductive thematic analysis.

People with Diabetes (n = 13)

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Age	<50	2
	51-60	6
	61-70	2
	71+	3
Gender	Male	8
	Female	5
Years since diagnosis	< 1 year	5
	1- 5 years	1
	5-10 years	3
	10+ years	4
Programme attended	CODE	6
	DESMOND	3
	X-PERT	4
	Didn't attend	1

Educators (n = 14)

Educators (n = 14)		
Gender	Female	14
Programmed delivered	CODE	4
	DESMOND	4
	X-PERT	6
Years delivered	< 1 year	1
	1- 5 years	6
	6-10 years	7

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Theme 1: The Need for Structured Education and the Problem of Non-Attendance

Need for Structured Education

“So in my head like the world was after collapsing because I knew nothing about diabetes be it 1, 2 or 5 or whatever, so it kind of took the wind from my sails” (Patient 8)

“To be honest they didn’t give me any information, they just said you have diabetes and we’re starting you on Glucophage” (Patient 6)

“But you know if I had somebody to talk to when I needed to up along the way I might be better today you know that kind of way” (Patient 4, did not attend education)

Positive Perceptions of Structured Education

“The best place I got information was doing the program. I found the person was brilliant, you know she had loads of information, advice and stuff like that” (Patient 6)

“There’s so much you can learn that you would never find out if you didn’t go” (Patient 1)

“I was expecting a lecture on ‘You can’t do this, you can’t do that, and you can’t do the other’– and it was so different from that, you know” (Patient 9)

“You could give a little bit of your history if you wanted, or you could speak outright, it didn’t matter, it was entirely up to yourself, and if you didn’t feel like saying anything about your own personal A, B, Cs or whatever... well you weren’t put under any pressure” (Patient 2)

The Problem of Non-attendance

“if you check the stats on diabetes, we’re only scratching the surface” (Educator 6)

“We usually send a batch of sixty invites in order to get, on average, I’d say fourteen” (Educator 4)

“You know we’d send sixty to seventy letters to get sixteen” (Educator 1)

Words for Structured Education

“them meetings” (Patient 1)

“seminars” (Patient 2)

“lectures” (Patient 3)

“the information for the few weeks” (Patient 5)

“group session for diabetic 2” (Patient 7)

“I never liked that word, it was like it’s going to put people off, tell them it’s education they’ll think about packing their bags for school and some of these people couldn’t stand school” (Educator 7)

Theme 2: More that Patient Attitudes- The Multiple Points of Non-Attendance

**Lack of Awareness of
Structured Education**

“if I was left to my own devices I probably would have known nothing about the course” (Patient 8)
“Health professionals may not have given this idea of structured education a lot of thought... And if you don’t come knocking at their door, and if it is just a leaflet they’re not going to bite” (Educator 4)

**Selection of Patients by
Healthcare Professionals**

“Because we just assume they are referring everybody but they might not be, or what are they saying to them?” (Educator 5)

**Selling Education:
Healthcare Professionals**

“I needed the push from the GP, I wouldn’t have gone otherwise, to be honest I wouldn’t have” (Patient 9)
“We’d all agree that once the health care professional endorses it there at a higher chance of coming” (Educator 7)

**Patient Contact and Lack
of Admin Support**

“Admin support, the lack of it, is the next biggest challenge. I’m seeing patients and I organise most of our classes, and it’s so time consuming” (Educator 9)
“I didn’t get any mail on it anyway” (Patient 4, didn’t attend)

Time and Location

“Just coming from why I was thinking I wouldn’t go was just that it didn’t fit in. I knew I needed it...But it was really just the timing and the inconvenience, that I would have to take time off work” (Patient 10)

**Patient Attitudes and
Characteristics**

“A case of the ostrich with his head in the sand, maybe it’ll go away if I don’t say anything about it” (Patient 4)
“Sure I always eat that, I always do that, sure your one is telling me something that I know...And I think it’s an Irish thing maybe” (Patient 8)

Theme 3: Strategies to Increase Attendance and Need for Standardisation

Increase Awareness of Structured Education

“We do need to raise awareness more, why it’s important, it’s more than just giving the patient the prescription!” (Educator 3)
“We had very powerful quotes from patients and we send them to the practices to advertise education, putting the quotes in commentary bubbles” (Educator 14)

Embed Education within the Healthcare Pathway

“We set up a pathway whereby all patients received a letter from the hospital and were told that they would only get an appointment with the consultant if they had done a course. The hospital said that they saw a huge difference” (Educator 8)

Health Professionals: Promote Education to All

“If we [health professionals] were all sort of preaching off the same hymn book, if everybody was bringing it up that has contact with the patient, that this is what we highly recommend” (Educator 3)
“if the GP says to stand on your leg for 12 hours, they’ll do it” (Educator 6)

Use Central and Online Systems

“The referral process has been improved through the central online booking and the helpline. So that’s a massive improvement on the accessibility of referral. It cuts out paperwork for the admin as well at the other side” (Educator 7)

Increase Admin Support

“Education really took off here when we had the right admin, she organises it and she phones up people and makes sure that she maximises the attendance” (Educator 6)

Consider Time and Location Options

“They are more inclined to do it if its if we are able to say to them it’s in your town and its starting in three weeks’ time or next week” (Educator 5)

Need for Standardisation

“it can get quite frustrating, in diabetes there is so much really really good work going on around the country, but how we communicate it, and how we deliver it in a standardised way isn’t good enough” (Educator 1)