

CONFERENCE ABSTRACT

Exploring Barriers and Facilitators to Attendance At Diabetes Structured Education Programmes In Ireland: A Qualitative Study Addressing A National Priority

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Introduction: Developing and promoting healthcare services that engage and empower people requires research to focus on areas of relevance to key stakeholders. To engage with key stakeholders, we conducted a research prioritisation process with people with diabetes, health professionals and policy makers to identify the most important topics to research in diabetes in Ireland. Key stakeholders identified low attendance at structured education for Type 2 diabetes (T2DM) as a priority area for research in Ireland. Despite evidence that structured education programmes can support self-care and improve clinical, lifestyle and psychosocial outcomes in T2DM, attendance rates in Ireland are low.

The aim of this study was to address this propriety by exploring barriers and facilitators to attendance at T2DM structured education programmes in Ireland.

Methods: People with T2DM who had attended, or been invited to attend, at one of the three structured education programmes (CODE, DESMOND and X-PERT) available in Ireland and educators from each of the programmes took part in semi-structured telephone interviews. Interviews were audio-taped, transcribed and analysed using inductive thematic analysis.

Results: 15 people with T2DM and 14 educators were interviewed. People with T2DM who attended programmes were overwhelmingly positive about their experience. Reasons for non-attendance included not knowing programmes were available, not appreciating the potential benefits, and not wanting to admit to the reality of diabetes. Analysis also identified innovations to increase attendance developed by educators in different areas, and the role of healthcare professionals in promoting structured education.

Conclusions: People with T2DM see clear benefits of structured education after attending but need information and encouragement from their healthcare team to support attendance. Healthcare professionals have a key role in promoting structured education and empowering

people to self-care. The innovative strategies developed by educators across the country to promote structured education could be better communicated and standardised nationally.

Lessons learned: It is possible to engage a diverse group of stakeholders to identify targets for research. Engaging key stakeholders facilitated recruitment to this study as the topic developed from a need identified by stakeholders. We hope that engaging with people with diabetes, healthcare professionals and policy makers from the beginning of our programme of research will maximise the potential for the future translation of findings into practice.

Limitations: Our interviews were conducted with people with diabetes who had attended at structured education programmes. Exploring reasons for non-attendance with people who had not attended is also important, but was not included in the current study.

Suggestions for future research: The findings from this study will inform the development of an intervention to increase attendance at structured education programmes in Ireland.

Keywords: diabetes; education; self-care; engagement
