Evaluating Nutrition Education Provided to Patients with Type 2 Diabetes

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Introduction

- This poster charts the details of a study focused on health communication with special emphasis on the ways patients diagnosed with Type 2 Diabetes (T2DM) receive, sense and react to nutritional education messages provided to them by health care professionals (HCPs).
- As Sorensen et al. note, people with chronic conditions are their own principal caregivers and as such health care professionals ought to act as consultants supporting patients in their self-management role.
- The provision of nutritional education (NE) is one attempt to impact behaviour change and improve health outcomes among populations but the increasing burden of this disease suggests that lack of compliance may be a major set back to achieving these goals.

Objectives

1. Determine the communicative approaches used to deliver NE to patients with T2DM
2. Evaluate the effectiveness of the approaches used to deliver NE to patients with T2DM
3. Assess whether the delivery of these approaches contributes to levels of compliance among patients with T2DM

Sample Selection and Size

Patients and Health Care Professionals (HCPs) were selected:

- **Patients** had to have been diagnosed with T2DM between 2010- 2020 and presently in receipt of NE
- **HCPs** had to be directly involved with the delivery of NE for patients with T2DM

5 Patients and **2** HCPs satisfied the criteria from the sampled population

Research Design

- A generic qualitative approach was employed because it allowed for an eclectic inquiry into the nuanced personalities of respondents, patient perspectives, lived experiences, personal values and preferences.
- Data were collected via interviews, non-participant observation and recordings to gauge the extent to which participants engaged with and understood each other.
- Health Action Process Approach (HAPA) as a behaviour change model was used to inform our interpretation of collated data and to determine the utility of *quality* communication–in respect of message delivery, empowerment and follow up support–as a positive indicator leading to compliance and by extension better health outcomes.

Findings

1. Most patients were informed of their diabetic status by a nutritionist even when they saw a doctor prior to be referred;
2. Some patients were willing to be compliant with the advice given but eating small meals 6 times per day did not yield the expected results and as such lost hope;
3. Some patients found that the time given for NE was limited and somewhat rushed;
4. Some patients were afraid to disclose slip-ups and relapses to the HCPs;
5. Some patients did not demonstrate high health literacy and the pamphlets shared could not be used; and
6. NE presented to patients did not always reflect current research within the field of diabetes.

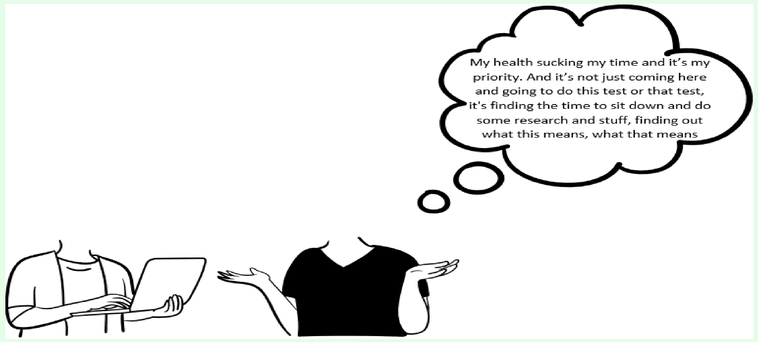

Figure 1: Excerpt detailing the lived experience of a participant

Source: Data extracted from interviews performed for this study

Discussion

- Nutritional Education was disseminated following a traditional interview style pattern. In some cases, the language of the interviews mimicked the SPIKES protocol, while in others, aspects of the Calgary-Cambridge model were evident. Where attempts were made to incorporate visual and other support aids these achieved limited reach in part due to patient lack of understanding, fear or cognitive overload.
- The spatial distance between patient and practitioner appeared to have created and maintained barriers to communication. In some cases, patients felt they were not being heard as HCPs needed to move quickly to another patient. In other cases, patients felt that HCPs could not identify with their particular challenges and required extreme and almost impossible changes.
- While some patients were encouraged to seek support from loved ones, adhering to the rules established for the patient with T2DM was a difficult task for other household members.

Conclusion

1. There is a need to revisit the ways in which NE is delivered to patients with T2DM to ensure greater levels of compliance.
2. The current approaches used to deliver NE demonstrated limited effectiveness. Greater success occurred when patients were newly diagnosed but this dwindled as patients' progress diminished and their health status declined.
3. Patients' levels of compliance appeared to be linked to a number of social-ecological factors which could not be comprehensively addressed via NE solely.

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