



Contents lists available at [SciVerse ScienceDirect](http://www.sciencedirect.com)

Primary Care Diabetes

journal homepage: <http://www.elsevier.com/locate/pcd>

PCDE
primary care diabetes europe



Original research

Patient generated “frequently asked questions”: Identifying informational needs in a RCT of peer support in type 2 diabetes

David L. Whitford^{a,*}, Gillian Paul^b, Susan M. Smith^c

^a Department of Family & Community Medicine, Royal College of Surgeons in Ireland-Medical University of Bahrain, Busaiteen, Bahrain

^b School of Nursing, Midwifery and Health Systems, University College Dublin, Ireland

^c Department of General Practice, RCSI Dublin, Ireland

ARTICLE INFO

Article history:

Received 26 September 2012

Received in revised form

10 January 2013

Accepted 27 January 2013

Available online 19 February 2013

Keywords:

Type 2 diabetes

Peer support

Health information

Frequently asked questions

ABSTRACT

Aims: The purpose of this study is to discuss the use of a system of patient generated “frequently asked questions” (FAQs) in order to gain insight into the information needs of participants.

Methods: FAQs generated during group meetings taking place in a randomized controlled trial of peer support in type 2 diabetes are described in terms of their frequencies and topic areas. Data from focus groups and semi-structured interviews concerning the FAQs was subjected to content analysis.

Results: 59/182 (33%) of the FAQs were directly related to the topic area of the scheduled peer support meeting with foot care, eyes and kidneys generating the most specific questions. The FAQs addressed mainly knowledge and concerns. The FAQs appeared to enhance peer support and also enabled participants to ask questions to experts that they may not have asked in a clinic situation.

Conclusions: The use of FAQs to support peer supporters proved beneficial in a randomized controlled trial and may be usefully added to the tools used within a peer support framework. The use of FAQs provided valuable insight into the informal information needs of people with diabetes. Means of providing a similar structure in routine clinical care should be explored.

© 2013 Primary Care Diabetes Europe. Published by Elsevier Ltd. All rights reserved.

1. Introduction

Peer support is a strategy that has been widely promoted as having the potential to improve physical, emotional and psychological health, and to support behaviour change and self-care across diverse conditions and population groups [1–3]. The main objective of peer support interventions is to

provide support based on the sharing of information and experience, mutual counselling and exchange among ‘peers’ [4]. However, peer support is generally ill-defined and can vary in terms of structure and formality. One formal definition of peer support is “the provision of emotional, appraisal, and informational assistance by a created social network member who possesses experiential knowledge of a specific behaviour or stressor and similar characteristics as the target population,

* Corresponding author at: RCSI Bahrain, PO Box 15503, Adliya, Bahrain. Tel.: +973 17351450; fax: +973 17330806.

E-mail addresses: dwhitford@rcsi-mub.com, dwhitford@rcsi.ie (D.L. Whitford).

1751-9918/\$ – see front matter © 2013 Primary Care Diabetes Europe. Published by Elsevier Ltd. All rights reserved.

<http://dx.doi.org/10.1016/j.pcd.2013.01.006>

to address a health-related issue of a potentially or actually stressed focal person” [4]. According to this definition, peer supporters generally offer three types of support: emotional, appraisal and informational. All three types of support are based on experiential knowledge, rather than arising from formalized sources. However, there is often a need expressed for professional input in the context of peer support [5].

This may not be surprising as information giving and self management training in the clinical setting for patients with diabetes has been shown to be poor [6], in spite of evidence that supports its effectiveness in the short term in improving outcomes [7]. The reasons for knowledge deficits in patients are diverse but include inconsistency in information provision, lack of motivation and lack of awareness that knowledge was poor or incomplete [8,9]. Peer support may provide an opportunity to address some of these areas. Participants in a pilot study within the exploratory phase of a randomized controlled trial of peer support in type 2 diabetes [10] requested a system to address questions that arose from the peer group for which a professional response was deemed helpful [11]. This was discussed among the trialists and as a result an opportunity was provided for the groups to identify questions in each

session that they could not answer but would like answered with professional input. We set out to explore this process through an analysis of the content of the “frequently asked questions” and through interviews with both peer supporters and participants within the trial in order to gain insight into the additional information needs of participants with Type 2 diabetes that may not be addressed through formal routes.

2. Methods

In a cluster randomized controlled trial twenty general practices were assigned to control and intervention groups, respectively [12]. Each practice compiled a diabetes register and randomly selected 21 patients to participate in the trial. All practices implemented a standardized diabetes care system. In the intervention group all practices recruited two or three peer supporters each of whom ran a group for approximately seven patients. 29 peer support groups were formed in the ten intervention practices. The primary outcomes of the trial (HbA1c, blood pressure, total cholesterol, and the Diabetes Well-being score) are reported elsewhere [10]. The peer supporters were

Box 1: The peer support intervention.

The peer support intervention

The peer support intervention had the following components:

Peer supporters

Peer supporters were identified by general practitioners and practice nurses and were trained at a ratio of about one peer supporter to seven or eight patients with type 2 diabetes. The criteria for eligibility were:

- Having had type 2 diabetes for at least one year
- Participation in preventive treatments and judged by the practice team as being generally adherent to treatment and behaviour change regimens
- Capacity and commitment to undergo the training required
- A full understanding of the importance of patients’ confidentiality
- Undertaking to liaise with the practice nurse or general practitioner if unanticipated problems arose during the course of their peer support activity

Peer supporter training

The peer supporters attended two evening training sessions, which were conducted by the research team. These sessions focused on the basics of type 2 diabetes and issues relating to working with groups and confidentiality.

Peer support meetings

Peer support meetings were held in the general practice premises at a convenient time for practice staff, peer supporters, and participants. Practices offered various daytime or early evening sessions, depending on patients’ preference. There were nine peer support sessions over two years; at month one, month two, and every three months thereafter. Each meeting was facilitated by the peer supporter, and there were no health professionals present in the meeting room though they were available on site, if needed. Each meeting had a suggested theme and a small structured component. The contents of the meetings were recorded (see appendix 2 on bmj.com). There was also a “frequently asked questions” (FAQs) system—that is, at the end of each session the group fed back questions to the research team who compiled written answers based on the feedback from all groups. The FAQs from all groups were combined and sent back to the groups for the next session.

Retention and support of peer supporters

Formal structures were put in place to ensure peer support workers were supported in their role, including telephone calls from the project manager before and after meetings; a course handbook and resource pack; an annual social or educational event; a protocol to follow if a peer supporter resigned; and travel and related expenses (this was given in the form of a general shopping voucher at the end of each year with a value of \$400).

Download English Version:

<https://daneshyari.com/en/article/2675586>

Download Persian Version:

<https://daneshyari.com/article/2675586>

[Daneshyari.com](https://daneshyari.com)