

# Identifying barriers perceived by young adults with type 1 diabetes for wellbeing coach-supported self-care for their diabetes

**Authors:** Bhavna Pandya,<sup>A</sup> Catherine Louise Whitmore,<sup>A</sup> Frances Mcculloch,<sup>A</sup> Nigel Taylor,<sup>B</sup> Maureen Wallymahmed<sup>A</sup> and Cheong Ooi<sup>A</sup>

## Aims

The aim of this study was to explore perceived barriers in patients with type 1 diabetes for wellbeing coach-supported self-care to improve diabetes control, clinic attendances and short- and long-term complications of diabetes.

## Methods

Individuals with type 1 diabetes were offered wellbeing coach support for their diabetes self-care in a single unit. Due to lower acceptance of this offer among the patients with type 1 diabetes, a survey questionnaire was carried out to identify the perceptive factors these patients may have which may be responsible for not engaging in coach supported care. Type 1 diabetes patients were identified from the outpatient clinics. They were asked mix quantitative and open-ended qualitative questions. The questions included lifestyle questions, external and internal physical questions, psychological, educational, facilitators or barriers for diabetes self-care and their laboratory parameters. The open questions were related to coach-supported care. The analysis was carried out by five individuals individually extracting codes and the themes and then reviewing together to confirm.

## Results

A total of 26 patients responded to questionnaire. There were equal male and female respondents. Half of the respondents were in full-time employment. There was good understanding of diabetes and diabetes care but 61% were not concerned about their diabetes treatment. One of the themes suggested that the access and support from existing diabetes team set-up was satisfactory. The other main theme was lack of understanding about wellbeing coach-supported care. Nine patients understood the coach-supported care and four of them suggested that they will use the coach support if offered. Family support was the

preferred support in 17 patients. Embarrassment about diabetes and lack of access and time pressure were the other subthemes. A total of 82% (19/23) patients had HbA<sub>1c</sub> value over 58 suggesting poor diabetes control and 68% (13/19) had total cholesterol level of four or higher.

## Conclusion

Understanding of coach supported care was lacking in this population. Local diabetes team access and support was perceived as enough which could be the reason for not accepting the coach support offer in this population. To increase engagement in coach-supported self-care which can improve diabetes control, improve clinic attendance and reduce long-term and short-term complications, an opting out approach will be better option in this population. ■

## Conflict of interest statement

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**Authors:** <sup>A</sup>Diabetes, endocrinology, Aintree University Hospital NHS Foundation Trust; <sup>B</sup>South Sefton Clinical Commissioning Group, Liverpool, UK