

Realization of empowering discourse in education of adults with type 1 diabetes

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Silja-Elisa Eskolin

MHSc, PHN

Department of Nursing Sciences

Turku, Finland

seesko@utu.fi

Heli Virtanen

PhD, RN

Department of Nursing Sciences

Turku, Finland

Background

Since 1990s empowerment support has been recommended as one of the core aspects in education of people with diabetes. However, its transition from theory to clinical practise has been challenging and several interventions have been developed to assess this issue. One of these interventions is the empowering discourse (Virtanen et al. 2007). It is not previously known how adults with type 1 diabetes (AWDs) perceive the possible realization of empowerment supporting methods and content in their education.

Aim

The aim of this descriptive cross-sectional survey study was to examine perspectives of AWDs on how nurses have used the recommended methods and content of empowering discourse in their education.

Methods

- Participants recruited via Finnish Diabetes Association by e-mail and social media
- Sample: Adults (18 to 65 years), with type 1 diabetes at least a year, care contact in adult healthcare and no diagnosed mental health problems.
- Data collected online with REDCap survey tool in November 2019
- Measurement instrument: **Empowering Discourse in Patient Education** -questionnaire for AWDs, created for this study by modifying an instrument of competence in empowering discourse in patient education (Virtanen 2019).
 - 23 items, divided in how methods were followed (11, 0=Never, 10=Always) and how content was discussed (12, 0=Not at all, 10=Very well).

Results - Participants

- n=**349** - 71.6% female (n=250), 27.8% male (n=97), 0.6% other (n=2)
- Mean age (SD) **42.01**(13.3)
- Mean years of diabetes (SD) **24.97**(14.8)
- Mean HbA1c (SD) **61.84**(18.3) mmol/mol
- Form of treatment: Multiple injections 71.9% (n=251), insulin pump 28,1% (n=98)

Results

Empowering Discourse in Patient Education	Mean (SD)		Mean (SD)
Methods (0=Never/10=Always) The AWDs...	6.99 (1.55)	Content (0=Not at all/10=Very well)	5.29 (1.89)
...felt they understood the content of the discourse	8.79 (1.50)	Tools for treatment	7.72 (2.01)
...self-assessed their health situation	8.08 (1.89)	Illness related (e.g. symptoms)	7.64 (2.05)
...felt atmosphere of the discourse was respectful	7.88 (2.25)	Treatment related (e.g. insuling adjustments)	6.86 (2.42)
...had the possibility to interrupt the nurse and ask questions	7.66 (2.22)	Problems related to treatment	5.95 (2.67)
...searched solutions to problems together with the nurse	7.61 (2.25)	Different solutions to problems	5.76 (2.76)
...self-assessed existing knowledge and needs for information	7.27 (2.37)	Possible complications and prevention	5.59 (2.64)
...self-assessed situation at home	6.61 (3.07)	Rights of patients	4.80 (3.04)
...set the goals to their care together with the nurse	6.35 (2.83)	Other services related to treatment (e.g. foot care)	4.48 (3.18)
...decided the topics for the discourse	5.99 (2.24)	Digital services	3.94 (2.92)
...summarized the content of discourse with the nurse	5.65 (2.95)	Experiences related to diabetes and/or treatment	3.67 (3.00)
...set the goals for the discourse together with the nurse	4.95 (3.07)	Emotions related to diabetes	3.48 (2.88)
		Meaning of support	3.35 (3.01)

Most significant variable was a named diabetes nurse. AWDs who had a named nurse had more positive perception on realization of almost all methods (10/11) excluding self-assesment of existing knowledge and information needs and half of the content (6/12).

Conclusions

- Realization of empowerment support is still fairly modest in some areas of AWDs patient education.
- Further research and implementation of empowerment support for AWDs is needed.
- More attention should be given to AWDs own perceptions and experiences.
- All AWDs should have the possibility to work with a named diabetes nurse to establish lasting care relationships build on trust.

TAKE HOME MESSAGE

More emphasis should be given to AWDs own capabilities and how these could be supported, both in theory and clinical practise.

Reference: Virtanen H., Leino-Kilpi H. & Salanterä S. (2007) Empowering discourse in patient education. *Patient Education and Counseling* 66(2), 140–146.