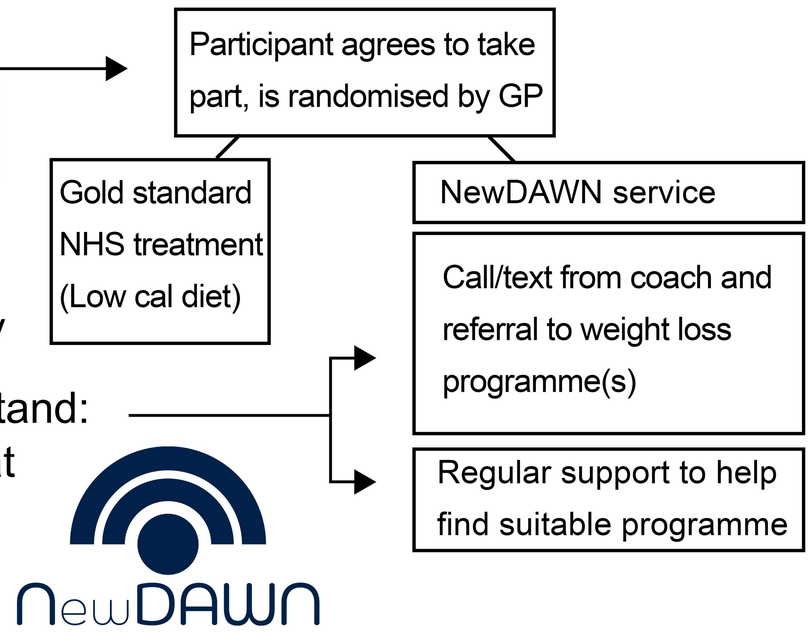
Developing supportive conversations about type 2 diabetes:

combining **narrative interviews** with patients and coaches using **thematic analysis**

Background

- Creating a new treatment pathway for people with type 2 diabetes (T2D).
- Delivered by trained coaches currently delivering TDR interventions.
- **Aim**: develop an aide memoire for coaches to deliver the NewDAWN pathway
- To best support people and help them achieve remission we sought to understand:
  Emotional impact of interventions; notions of success and failure; factors that facilitate or hinder acceptance and perseverence; capacity and desire to deliver an intervention.



Method

- Narrative interviews with people with T2D (n=37). Recruited for maximum variation of experience until information power.
  "Can you tell me about the effect of T2D on your life, starting from when you were first diagnosed?"
- Semi-structured interviews with health coaches at UK diabetes hubs (n=15).

Thematic Analysis

Descriptive coding → Identify patterns and learnings → Develop training recommendations → PPIE feedback → Translate recommendations to aide memoire for coaches

Next step: Optimise delivery with Conversation Analysis

Results

Coaches

Significant starts
"I don't think they're given that much information by the doctor. Just that this programme may or may not help"

Preparation & Planning
"motivation does fluctuate, that's very normal. And I'm trying to make them understand that it is normal because some of them are quite harsh on themselves"

Honesty
"If you're not upfront and honest people will not know the relevance, or understand why they're learning it"

ASK don't TELL
Activity burden
Normalising challenges
Set-backs ≠ failure
Becoming expert
Explain T2D

People with T2D

Cultivating support is critical
"I didn't tell my family for a long time because I was ashamed and I didn't know, I mean I didn't know myself how to even talk about diabetes"

Feelings of failure despite successes
"it's just kind of when you're excited about something else, excited in the beginning to lose the weight and then I've got the diabetes and it really feels like a failed"

Remission isn't commonly known
"I haven't gotten it anymore. I'm cured. But the NHS don't believe that you can cure diabetes"

Conclusion and Implications

- Reframe failure, not as patient failure but as failure of the programme for the patient.
- Aide memoire encourages self-discovery; foregrounds patient perspective and experience; provides a framework for talking about diabetes with friends and family; it emphasises 'soft landings' into the NewDAWN service; recommends couching advice in personally relevant ways; being honest is desired but needs to be balanced with the burden of patient activity.
- Combining two perspectives (patient and provider) assists development of a holistic and implementable intervention.

Dr Jack Joyce[1] | Carolyn Newbert | Dr Caroline Mitchell[2] | Dr Charlotte Albury[1]

@JackBJoyce

jack.joyce@phc.ox.ac.uk

on behalf of the NewDAWN programme team

1 University of Oxford, Nuffield Department of Primary Care Health Sciences

2 University of Sheffield