Qualitative exploration of motivation for lifestyle change among people with newly diagnosed Type 2 Diabetes Mellitus:

A self-determination theory perspective
Wisdom suggests that diagnosis with a chronic disease would provide sufficient motivation for change...

![Diagram]

- T2DM diagnosis associated with small increase in PA among females ($N = 76,020$) (Schneider et al., 2014. *MSSE*, 46(1) 84-91)
Gaps in understanding.

• Patient-centred, physician autonomy provision, patient-physician partnering is advocated, but…
• Lack of in-depth studies of motivation in Type 2 diabetes
• Little is known on:
  – How people experience motivational transitions in lifestyle-related chronic disease
  – How people experience social-environmental supports for lifestyle change

Self-determination theory (SDT) provides a framework to study these questions but research to date is mainly quantitative

(Nouwen et al., 2011. Health Psychol, 30 (6), 771; Williams et al., 2009. Diab Educ, 35, 484)
SDT: Basic structure

Social Environment

Need satisfaction

Motivation

Outcomes

Interpersonal environment
(Clinician, nurse, family)

Autonomy supportive vs. controlling

Autonomy

Competence

Relatedness

Autonomous (Enjoyment, value)

Controlled (Complying, guilt)

Internalisation

Behaviour

Cognition

Affect

Research questions

1. How is motivation for lifestyle change and internalisation articulated by people with type 2 diabetes?

2. What features of the social environment support or undermine these transitions?
Methods: Data Source

- Adults newly diagnosed with diabetes, aged 30 – 80 years
- Three arm trial
  - (a) Diet (n = 248) (b) Diet & exercise (n = 246) (c) usual care (n = 99)
- Interviews at 6 months post-randomisation (Time 1) – face-to-face
- Interviews at 9 months post-randomisation (Time 2) – telephone
- Interviews covered: information & guidance, changes clinician & family
- N = 29 with both interviews (duration T1 = 90mins; T2 = 15 mins)

Table 1

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Methods: Analysis

Secondary Directed content analysis (Hsieh & Shannon, 2005)

**Step 1**
- Identify key concepts as initial coding categories
- Double coding to develop framework

**Step 2**
- Begin coding within pre-determined SDT themes
- Create a new theme or a sub-category of an existing theme where data do not fit pre-existing themes

**Step 3**
- Create Framework Matrix (NVivo)
- Multiple coder triangulation
Results: Key Themes

Motivational transitions: Internalisation

Welcomed paternalism

Experience of autonomy-support
Theme 1: Motivational internalisation

- Transition from other- to self-regulation
- Often accompanied by perceptions of autonomy-support

When you see somebody alongside you with a meal that you like but you can’t have, I don’t find it envious anymore that they are eating something I would like to have eaten, my style has changed, I now enjoy a different type of food, but the important thing is I enjoy it, its not simply because I know that that’s what I've got to eat. (Male)
Theme 2: Welcomed paternalism

- (Autonomous?) reliance on others for change
- Accompanied by low competence for knowing what to do, not for doing it.

In an ideal world… you'd have everything handed to you on a plate … you'd have all your meals set out for you telling you what you should eat … so that all you’ve got to do is put it together, you have all the hard work of working out what you should be eating done for you

(Female)

She does it, I eat it. (Male)
Theme 3: Clinician autonomy-support

- The how of “how to” information
- Giving time, freedom and listening
- Clinician-patient partnering
- Provision of feedback

I'm not just being told what I've got to do or what I should be doing, but I'm being told the reasons for doing that, the benefits of doing that, what it’s going to do for me in the future. But the continual support from them, the encouragement from them, the diplomatic way they tell you if you're not quite doing it right, I find those all a great help. (Male)
Theme 3: Clinician autonomy-support

- The *how* of “how to” information
- Giving time, freedom and listening
- Clinician-patient partnering
- Provision of feedback

They’ve been quite happy to **go along with what I suggested**, if I wanted to suggest something different then they were happy with that, they didn’t say ‘you just do this’, they were happy for me to **make my own suggestions and to implement them**. (Female)

If I didn’t think in myself that yeah **I can do that**, then I wouldn’t do it, the fact that I know I can do it, so I am doing it, **whether I'm agreeing it with anybody is immaterial. The sharing thing doesn’t mean a thing to me**. (Male)
Conclusion

• Advances in understanding:
  – Motivational processes in T2DM lifestyle change
  – How to identify articulations of (non)self-determination
  – Nature of welcomed paternalism & possible causes

• Implications for practice:
  – Identify patients’ motivational starting point
  – Ensure that patient-centred approaches (e.g., SDT, MI) really are patient-centred (e.g., accepting and moving patients beyond welcomed paternalism; acknowledging varied enthusiasm for “partnering”)