INPLASY PROTOCOL

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Review Stage at time of this submission: Formal screening of search results against eligibility criteria.

Conflicts of interest:
None declared.

Facilitators and obstacles of diabetes self-management programs from implementation sciences

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Review question / Objective: What are the facilitators and obstacles of diabetes self-management programs from implementation sciences?

Rationale: Diabetes is a chronic disease that affects millions of people around the world, it is a complex disease that requires a comprehensive approach in management and treatment. Self-management of diabetes is essential to control the disease and prevent complications. There are many programs designed to help people manage diabetes, but not all of them are effective in practice. Identifying the barriers and facilitators that patients face when using diabetes self-management programs can help identify factors that influence the implementation and success of these programs, such as accessibility, adherence, education, and support. social support. This will allow the identification of best practices and effective strategies to improve the implementation of these programs.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 26 April 2023 and was last updated on 26 April 2023 (registration number INPLASY202340092).

INTRODUCTION

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and prevent complications. There are many programs designed to help people manage diabetes, but not all of them are effective in practice. Identifying the barriers and facilitators that patients face when using diabetes self-management programs can help identify factors that influence the implementation and success of these programs, such as accessibility, adherence, education, and support. social support. This will allow the identification of best practices and effective strategies to improve the implementation of these programs.

Condition being studied: Nurses are the largest group of health care providers at the first level, who spend most of their time with patients and their families, this constant contact provides the ideal setting to provide education as an integral part of care. however, there are many barriers related to the ability of nurses to provide such education. To educate patients effectively, strict adherence to the principles of self-care, self-efficacy, resource management, participation with support networks, and generation of comprehensive public policies is essential.

To assume this responsibility, the Nurse must be prepared to participate in a care management role, not only with the ability to carry out actions, but also providing relevant information to people and their families, in addition to being able to have the necessary tools to the implementation of multiple interventions for health problems with greater epidemiological importance such as chronic non-communicable diseases such as diabetes, which in addition to posing a problem due to short and long-term health consequences also pose problems for care of the people who suffer from it and have a significant impact on the family economy, worsening when it occurs in older adults.

In order to care for independent older people with diabetes, the literature of the last two decades reports numerous interventions carried out by multidisciplinary teams that integrate education, self-care and monitoring activities that allow mitigating the spread of the disease, as well as contributing to the organization of the care of this age group by their family, despite the fact that the results of various studies show optimal results on the implementation of these interventions, they do not report long-term results due to the lack of maintenance of these for various reasons, which has generated a problem by not having a follow-up or adaptation of materials and resources that can show the results of these in the long term.

METHODS

Search strategy: The search was carried out on the scientific document platforms PubMed, Cochrane Library; Scopus; Web of Science; SciELO; Lilacs, until March 25, 2023. The language filter was applied, limiting the results to articles published in English, Portuguese or Spanish. Additionally, a citation extraction will be carried out to locate more articles, as well as a search in the TesiUNAM repertoire and the identification of articles in other sources.
The search strategy used was: (Implementing community) AND (Self-Management) AND (diabetes).

Participant or population: People diagnosed with type 2 diabetes.

Intervention: Type 2 diabetes self-management programs.

Comparator: None.

Study designs to be included: Pre-experimental studies.

Eligibility criteria: Studies that include in their participants a diagnosis of type 2 diabetes and participate in a program for the self-management of type 2 diabetes.

Information sources: The platforms consulted for the search for documents were PubMed; Cochrane Library; Scopus; Web of Science; SciELO; lilacs. Additionally, the TesiUNAM repertoire and other data sources will be used.

Main outcome(s): The reviewed studies agree on the following points:

Diabetes education and patient training for self-management of the disease are crucial to improve health outcomes and quality of life, as long as materials, reminders, and monitored follow-up are provided.

Diabetes self-management programs should be designed and tailored to address the individual needs and preferences of patients and their families, focusing on knowledge needs.

The active participation of patients in decision-making and health care is a key factor for the success of self-management programs.

Self-management programs need to be integrated into routine care and take into account local healthcare systems to ensure long-term sustainability and scalability, as well as monitoring with diagnostic tests.

The most frequent barriers were lack of access to resources, lack of social support, and lack of knowledge and skills can hinder the implementation and effectiveness of self-management programs, as well as short-term results and lack of follow-up. long-term.

Regular evaluation of self-management programs and feedback to healthcare providers and patients are important to ensure continuous improvement and long-term success, even though they are still based on quantitative results, let alone advances in other more subjective aspects of patients and their families.

Additional outcome(s): None.

Data management: Two investigators will independently screen the database to select studies to be included in the review based on the inclusion criteria. When a discrepancy is noticed, a third person will intervene.

Quality assessment / Risk of bias analysis: The Cochrane risk of bias tool will be used for quality assessment.

Strategy of data synthesis: A systematic review table will be developed considering the elements of the PIO acronym. Revman software version 5.4.1 will be used for the possibility of carrying out a meta-analysis. The random effect mode will be used to estimate the effect size.

Subgroup analysis: Subgroup analyzes will be carried out to identify the causes of heterogeneity and the variation in effect size between the different instruments used to assess self-image, as well as by the implementation period.

Sensitivity analysis: Sensitivity analysis would be performed if the pooled result had a high risk of heterogeneity.

Language restriction: Only studies in English, Spanish and Portuguese will be chosen.

Country(ies) involved: Mexico.

Other relevant information: None.

Keywords: Community implementation, Self-management, Diabetes, implementation science, implementation science framework, barriers and facilitators, Community implementation.

Dissemination plans: At the end of the review, it will be published in a peer-reviewed journal, and the results will be presented at a dissemination event.

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