



**Service Priorities and Programmes
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Submitting author: Dr Susanna HUNG

Post title: Resident Specialist, Caritas Medical Centre, KWC

**Why did the low-educated Chinese Elderly Default Nurse-led Diabetes
Complication Screening Clinic and How to Facilitate Their Attendance? A
Qualitative Study**

*Dr Hung Lok Lam Susanna Dr Fu Sau Nga Dr Lau Po Shan Professor Wong Yeung
Shan Samuel*

*(1) Family Medicine & Primary Health Care, Kowloon West Cluster (East Kowloon,
Robert Black and Wu York Yu GOPD)*

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Introduction

Diabetes complication screening is being widely recognized and recommended as one of the essential elements in diabetes care. Little is known about the patients' view on this and their barriers to attending the nurse-led complication screening clinic in primary care setting in Hong Kong.

Objectives

To explore patients' views on complication screening and understand their underlying barriers to attending the complication screening nurse clinic.

Methodology

We adopted a qualitative approach to explore the barriers to attending the complication screening nurse clinic. In-depth individual semi-structured interviews were carried out with 19 participants. The data was analyzed manually and supplemented by computer software NVivo® using iterative/ thematic analysis method.

Result

The 19 participants were faced with different barriers when attending the complication screening nurse clinic. Patients' health beliefs and attitudes, patients' physical limitations, social factors and system factors were found to be major barriers affecting their attendance. Many believed that preventive screening is not important or useful and that some held misconceptions about the clinic. Others suffered physical limitations such as lack of literacy, poor memory or other health-related co-morbidities. Social factors identified include lack of social support, time restraint due to family responsibilities and heavy transport costs. Lastly, many participants were confused with the appointment system and hence were not aware of the clinic appointment booking. It is highly relevant for health care workers and policy makers to be aware of

the patients' barriers as described. Addressing these barriers can improve attendance rates, therefore benefiting more diabetic patients as well as resulting in a more efficient use of clinic resources.