Coping Strategies of Newly Diagnosed Patients with Type Two Diabetes Mellitus at a Hospital in Ghana

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Health and Life Sciences
De Montfort University Leicester UK

A doctoral thesis submitted to De Montfort University in partial fulfilment of the requirements for the Degree of Doctor of Philosophy

Volume 2

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Appendix A
De Montfort University
Leicester
The United Kingdom

Interview Guide
Study title: Coping Strategies of Newly Diagnosed Patients with Type 2 Diabetes Mellitus at a Hospital in Ghana

Section A

Socio-Demographic Information
Name (will not be recorded onto the tape)
Address (will not be recorded onto the tape)
Telephone/Mobile Phone Number (will not be recorded onto the tape)
Age
Gender
Marital Status
Number of Children
Religion

Section B
Usual Activities and Living
1. What is your occupation (Nature of Work)
Mornings
Afternoons
Evenings

2. What is/are your leisure Activity (ies)
Mornings
Afternoons
Introduction to the Interview: I would like to explore coping strategies of newly diagnosed patients with type 2 diabetes mellitus in this hospital. I would like you to share your experiences with me from the time you were diagnosed as having the condition. To facilitate our interaction, I am going to ask you certain questions to base our discussions on. The findings from this research will help health care providers including nurses, doctors, pharmacists etc. to get better understanding of how to care for you. The interview will take about 45 minutes to 1 hour. Thank you.

1. Tell me a little about yourself and how your life was like before your diagnosis as having diabetes mellitus.

2. Tell me how you felt or reacted on that day when you were first told by your doctor/nurse that you have diabetes mellitus.

3. In your view what are the causes of type 2 diabetes mellitus?

4. Tell me how you have been living with diabetes mellitus.

6. Tell me what you remember most about your experiences living with diabetes mellitus.

7. Tell me about how your life is like now.

8. Tell me about some good times or experiences that you have had.

9. Tell me about some bad or difficult times you have had.
10. Looking back at the day you were first diagnosed as having diabetes mellitus, from that time; tell me about how you have been feeling or reacting.

11. From the time you were diagnosed as having diabetes mellitus, how have you been dealing with the condition?

12. What type of things do you do to cope when things are not going well?

13. What suggestions would you give to health care professionals about how they can best help diabetic patients to cope with their disease?

14. If you were to suggest or ask for any form of help what would that be and why?

   **Other**

15. Is there anything else you like to talk about that you feel is important for me to know?

16. Is there any question you will like to ask me?

   **Conclusion**

Thank you very much for allowing me to interview you. I may contact you the second time to clarify certain issues if there is the need to contact you again and that will be four weeks from today and that will take few minutes of your time. I have your telephone/mobile phone number and if I may come the second time, I will call you before that.

Thank you,
Appendix B
De Montfort University
Leicester
The United Kingdom
Participant Information Sheet

Title of the Project: Coping Strategies of Newly Diagnosed Patients with Type 2 Diabetes Mellitus at a Hospital in Ghana.

Name of Researcher: K wadwo Ameyaw Korsah

Address: Faculty of Health and Life sciences, De Montfort University, Leicester.

Members of the Supervisory Team: Prof. Jayne Brown, Mr. James Dooher, Prof. Kwame Ameyaw Domfeh (University of Ghana, Legon)

You are being invited to take part in a research study. Before you decide it is important for you understand why the research is being done, and what it will involve. Please take time to read the following information about the research carefully. Please feel free to ask the researcher anything that is not clear or if you would like more information. You are also invited to attend a meeting with the researcher for further or detailed information about the purpose and objectives of the study.

What is the study about: The purpose of the study is to explore coping strategies of newly diagnosed patients with type 2 diabetes mellitus at a hospital in Ghana. In other words; the study is to assess the forms of coping strategies employed by patients with type 2 diabetes to manage problems associated with the condition. The study is anticipated to yield better understanding of forms of coping strategies employed or used by patients with type 2 diabetes. This increased insight about coping strategies of these patients will help healthcare professionals to take care of them in meaningful and therapeutic manner. Your ideas and concerns may be used to help patients with diabetes mellitus and other conditions. In other words the findings will give healthcare providers a better understanding of how to take care of diabetic patients. Forms of coping strategies and their therapeutic implications that will be discovered will also help to identify other areas for future research studies.
**Why have I been approached?** Because you have type 2 diabetes mellitus. All newly diagnosed patients with type 2 diabetes mellitus who were diagnosed three months ago are eligible to take part in the study. You will be required to read an information letter about the study.

**Do I have to take part?** The study is entirely voluntary. Whether you choose to take part or not, this will not affect your treatment at this hospital in any way. If you are interested in taking part in the study, you will be asked to read and sign a consent form. If you decide to take part, you are still free to withdraw from the study at any time. You do not need to give a reason if you wish to withdraw and there will be no consequences for your withdrawal. No one except me will know whether or not you decided to take part in the study. You will be allowed to ask the researcher any question related to the research that you have and you do not have to answer any question that you do not want to answer.

**What happens to the information?** All the information is confidential. No one will be able to identify you from the study. You will be given a code for the study. No information that could identify you will be used in any report or presentation of the results of this study. The tapes from the interviews are transcribed (listened to and written down in full). The notes taken by the researcher, the tapes and transcripts will be kept safely in locked offices at the University or the Hospital and only the researcher and his supervisors can see it. Notes, tapes and transcript will only have codes and not names in order to safeguard confidentiality. If that material is to be used for future studies ethical clearance will be obtained again. After 5 years if the data is not used again, it will be lodged with the national archives. **What is involved in the study? Interview:** If you are interested to take part in the study, I will ask you to take part in one interview that should take about 45 to 60 minutes of your time. I may also ask you to take part in a second interview about 4 weeks after the first one. If so, it will take about the same length of time. The interview will be conducted at a place of your choice. This could be your home, or at
another venue of your choice like the researcher's office in the hospital. Tape recorder will be used to record the interviews. If you also agree to take part in the interviews, the researcher would, with your permission, inform your Physician.

**What happens to the result of the study?** The result will be made available following the completion of the study. The researcher will provide copies of the study and you will be able to receive your copy if you wish.

**What about if something goes wrong?** In the event that something goes wrong and you are harmed during the research study there are no special compensation arrangements. However, if you are harmed and this is case as a result of the researcher's negligence then you may have grounds for legal action for compensation. If you are abused, you can inform the relevant authorities.

**Who is organizing and funding the research?** The research is purely for academic purpose. The student receives only bursaries from the government for this academic programme and exercises. The study has been reviewed and approved by the De Montfort University Ethics Committee.

**What if I wish to complain?** Participants can contact the following officers on issues concerning the research. They are:

1. The head of the supervisory team:

   Jayne Brown, Professor of Palliative Care, De Montfort University, School of Nursing and Midwifery, Edith Murphy House, The Gateway, Leicester LE1 9BH
   T: +44 (0) 116201 3961, E: jbrown@dmu.ac.uk, M: 07881823529

2. Prof. Paul Whiting (Chairman of Ethics Committee, Faculty of Health and Life Sciences).
   De Montfort University, Leicester, UK.
   Tel/Fax/E-mail: +44 (0)1162078283, paulwhiting@dmu.ac.uk
The Dean
School of Nursing
College of Health Sciences
University of Ghana, Legon, West Africa
Tel/Fax/E-mail: +233 (0) 275654411, onikerodrigues@yahoo.co.uk

Contact for further information: If you are interested in the study you can contact the researcher Kwadwo Ameyaw Korsah on phone number +233 (0) 243547317 or e-mail korsah19@yahoo.com, p07031891(a).email.dmu.ac.uk or come to his office in the hospital opposite medical ward of the hospital. If you also like any further information about the study you can contact him on the same number or e-mail. You are also invited to attend a meeting with the researcher for further or detailed information about the purpose and objectives of the study. Thank you for taking time to read this information sheet. I am very grateful for participating in this study.
Appendix C
De Montfort University
Leicester
The United Kingdom
Informed Consent Form

Title of the Project: Coping Strategies of Newly Diagnosed Patients with Type 2 Diabetes Mellitus at a Hospital in Ghana.
Name of Researcher: Kwadwo Ameyaw Korsah
Address: Faculty of Health and Life sciences, De Montfort University, Leicester.
Members of the Supervisory Team: Prof. Jayne Brown, Mr. James Dooher, Prof. Kwame Ameyaw Domfeh (University of Ghana, Legon)

Purpose of the Study: The purpose of the study is to explore coping strategies of newly diagnosed patients with type 2 diabetes mellitus at a hospital in Ghana. In other words, the study is to assess the forms of coping strategies employed by patients with type 2 diabetes to manage problems associated with the condition. The study is anticipated to yield better understanding of forms of coping strategies employed or used by patients with type 2 diabetes. The increased insight about coping strategies of these patients should help nurses and other healthcare workers to understand these patients in meaningful and therapeutic manner. Forms of coping strategies and their implications that will be discovered will also help to identify other areas for future research studies.

Procedure: If you are in the study, you will be asked to take part in one interview, which is expected to last about 45 to 60 minutes. The interview will be audio-taped and I may ask you to take part in the second interview to clarify certain issues that may crop up. If this happens I will interview you again about 4 weeks after the first interview. It will take the same length of time. I am looking for volunteers who are type 2 diabetic patients who have been diagnosed about three (3) months ago. The interview will be conducted at a place that you choose and will take place at a time convenient for you.
Participation: You have the right to decide not to take part in this study. You can stop being in the study at any time just by telling the researcher. You do not have to answer any question that you do not want to answer. If you decide that you do not want to be in the study it will not affect your treatment at this hospital in any way. No information that could identify you will be used in any report and presentation of the results of this study. You will be given a code name for the study. All that you say in the interview will be kept in a locked room or cabinet. If they are to use for future research ethical clearance will be sought again.

Consent:
1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand, I will be asked to describe coping strategies of newly diagnosed patients with type 2 diabetes mellitus.
3. My name or personal information, which may identify me, will not be used if results of this study are published or presented.
4. I can stop the conversation or the interview and withdraw without giving any reason at any time and there will be no consequences.
5. I understand that relevant sections of any of my medical notes may be looked at by the researcher and his supervisors. I give permission for them to have access to my records. I agree to my Physician being informed of my participation in the study.
6. I agree to be interviewed for the above study and for that interview to be audio-taped. The data could also be used in another research study. If this happens the ethics committee will need to approve the study.

..........................................................  ..................  ....................................................
Name of Participant                                Date                                Signature/Thumbprint

..........................................................  ..................  ....................................................
Name of Researcher                                 Date                                Signature

..........................................................  ..................  ....................................................
Name of Witness                                    Date                                Signature
23rd April 2008

Kwadwo Ameyaw Korsah
PhD Candidate
Health & Life Sciences

Dear Kwadwo,

I am writing regarding your application for ethical approval for a research project titled to the above project. This project has been reviewed in accordance with the Operational Procedures for De Montfort University Faculty of Health and Life Sciences Research Ethics Committee. These procedures are available from the Faculty Research and Commercial Office upon your request.

I am pleased to inform you that ethical approval has been granted by Chair’s Action for your application. This will be reported at the next Faculty Research Committee, which is being held on 26th June 2008.

Should there be any amendments to the research methods or persons involved with this project you must notify the Chair of the Faculty Research Ethics Committee immediately in writing. Serious or adverse events related to the conduct of the study need to be reported immediately to your Supervisor and the Chair of this Committee. Also, The Faculty Research Ethics Committee should be notified by e-mail to HLSFRO@dmu.ac.uk when your research project has been completed.

Yours sincerely,

Chair
Faculty of Health and Life Sciences
Research Ethics Committee
The above application has now been reviewed and approved; the following points were made by the reviewer on condition of approval being granted. Please note that this is not a letter of approval.

**Points include:**

**Information in the proposal**
This is an interesting proposal for a small study of people in a region of Ghana whose problems with an increasing incidence of type 2 diabetes, reflect worldwide trends. The latter include increases in incidence and diagnosis, although the proposal emphasizes the point that developing countries are not only demonstrating, this tendency but may be experiencing a steeper version. The implications are the burdens of cost and misery in treating preventable complications.

The proposal adopts a useful stance because with earlier diagnosis, complications can be minimized but only if the patient can cope emotionally with the diagnosis itself and, in practical terms, with the compliance issues that are implicit in diabetes therapy. Difficulties exist despite the availability of sound lifestyle advice plus cheap, efficacious medication including the oral agents applicable to most type 2 patients.

Therefore the proposed study is rightly focusing on the psychosocial barriers to effective therapy. It recognises that listening to newly diagnosed diabetics should give useful insights.

The proposal includes a comprehensive outline with the local statistics, such as they are, compared to the global case. It covers the aetiological aspects of type 2 diabetes accurately and with recent, relevant references. It identifies psychological, psychosocial and cultural aspects as both the results of diabetes and likely causes of denial and other poor self-management issues. It focuses first on the how patients cope with their disease. Although it does not distinguish initially between coping with diagnosis and treatment, it becomes clear that this concept of coping is directed mainly towards the stress of realisation after diagnosis and could be broken down to four strategies that have both positive and negative facets. Second it poses the question of how professionals can help, although it does not elaborate on whether this help is then intended to be applicable only to newly diagnosed or to be rolled out to include to all type 2 diabetics. This descriptive section of the proposal gives reassurance that the investigator is cognisant of the breadth, depth and sensitivities of the subject area.
A description of the setting, professional collaboration and the remit of the hospital, addresses the obligation that the conditions, including the medical, social and academic aspects, should be appropriate for basing such a study. The explanation of the plans to construct a qualitative descriptive study is convincing.

**The interviews and data analysis**
The tactics are to interview a small sample (10-12) of patients on possibly more than one occasion, transcribing taped conversations and answers to set questions, probing the attitudes to known issues and hoping to detect others that may as yet be unrecognised. The interview format is described in terms of the sections it comprises.

Careful thought has been put into how the patients will be put at ease, otherwise treated during their participation and respected in terms of confidentiality.

The investigator has not described any pilot study or whether the enquiry instruments might be adapted during the study as issues emerge, but reference to the definition of ‘qualitative interviewing’ suggests that conversations might be allowed to venture into unanticipated areas. The investigator might usefully be asked to consider the strategies that should be in place to protect patients. This is because in any culture, illnesses like diabetes can be associated with guilt and punishment and this might have implications here for vulnerable patients who might divulge information unintentionally. The project detail acknowledges problems like this but it might be worth considering the practicalities of dealing with what might emerge in the conversations, because these might differ substantially from those in the clinic setting with which the investigator might be more familiar.

The validity of the data analysis methodology and that of ensuring the rigour of small- scale studies seem assured by the strengths of the supervising team.

**The consent form and patient information**
The consent form and the description of the project for patients seem to be comprehensive, non-jargonised and well presented. Presumably these documents will be available in the local language as well as English (like the interviews themselves), but given that the patient signature could be replaced by thumb-print, I would like reassurance that non-readers will be supported such that their consent is assured as fully informed.

The agreements to be taped and to inform the physician are in both the description supplied to the patient and in the numbered items at the end of the consent form, but not in the body of the consent form, which I think would be helpful.

I would like to have seen a copy of the interview questions if possible, although I accept that a generic interview was included with the PhD proposal.

**Conclusion**
Apart from some minor issues, ethical agreement for this interesting and useful study would have my support.
Please could you send your response to me at the address below.

If you have any questions please do not hesitate to contact me.

Kind regards,

External Project Coordinator
De Montfort University
Health & Life Sciences
Research & Commercial Office
2.25m Hawthorn Building
The Gateway, Leicester
LE1 9BH
Monday, 01 June 2009

Dear Sir/Madam

Re Doctoral candidate Mr Kwadwo Korsah

Since commencing on his doctoral programme, Mr Korsah has gained ethical approval from our (De Montfort University's) ethics committee to conduct his study. He has also had his proposal passed by the Faculty of Health & Life Sciences Higher Degrees Committee at De Montfort University.

We are very happy with his progress to date. We have regular supervision meetings with him. He has attended all required training courses to date, and several ones that are optional to him. He has provided regular formal records of his progress, and has already written a significant part of his thesis (literature review and methodology chapters).

If he continues to work at this standard we are confident he conduct useful research and will submit a high quality thesis.

He proposes to explore coping strategies in diabetes. He would like to conduct the study at the Diabetic Clinic. I am therefore asking on his behalf for your kind co-operation in this regard.

Yours sincerely
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[Signature]
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Yours sincerely

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Faculty of Health and Life Sciences, The Gateway, Leicester LE1 9BH.
Tel: (0116) 255 1551 / Fax: (0116) 257 7138
Monday, 01 June 2009

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Yours sincerely
MR. KWADWO KORSAH  
DOCTORAL CANDIDATE  
DE MONTFORT UNIVERSITY  
LEICESTER, UK

Dear Sir,

RE: DOCTORAL CANDIDATE MR. KWADWO KORSAH

In response to your request to use our hospital as the study site for your doctoral thesis, I hereby indicate our acceptance of your request. We wish to indicate 'our willingness and full support of your work and would readily avail to you our facility for the purpose of this academic work. Please do not hesitate to contact the Medical Director for any Clinical assistance if the need arises in the course of interacting with patients.

We would also request a copy of your findings when completed for the purpose of improving service delivery in the area of your study. Finally, we would like you to observe and abide by ethics of best practices and handle our patients with dignity in the course of your interactions.

Thank you

Motto: In God is our Help and our Health
Dear Sir/Madam,

**RE: PERMISSION TO COLLECT DATA FOR A RESEARCH WORK**

Permission has been granted to Mr. Kwadwo Ameyaw Korsah, a doctoral student at De Montfort University, Leicester to collect data for research work in our diabetic clinic.

His research title is "Coping strategies of newly diagnosed patients with Type 2 Diabetes Mellitus"

The student should report all serious adverse events related to this study to the management team of the Diabetic Clinic should they occur.

We will also be pleased to receive a copy of the research report at the completion of the research study.

Any modification of this research project must also be submitted to the management team of the diabetic clinic at the Holy Family Hospital for review and approval prior to implementation.

We wish the student a successful completion of his PHD research work.

Thank you

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*Motto: In God is our Help and our Health*
RE: DOCTORAL CANDIDATE MR. KWADWO KORSAH
(PERMISSION TO CONDUCT RESEARCH)

Kwadwo is a postgraduate student pursuing a PhD degree at De Montfort University, Leicester with reference to your letter dated 1st June, 2009. We have granted him permission to conduct research in this Municipality. The candidate is exploring coping strategies of newly diagnosed patients with type 2 Diabetes Mellitus.

We would request that the candidate handles the research participants with care in his interactions with them. We would also request that the student reports any adverse events which may occur due to the interactions with the patients.

In addition, any changes or modifications of this study should be submitted to us for review and approval before it is carried on. We are ready to support the student in his research study.

The Health Directorate will be pleased to receive a copy of the research report at the end of the study.

Thank you

Yours sincerely