A vast body of qualitative research has explored barriers and facilitators to insulin initiation among people with type 2 diabetes (T2D). A small number of studies have identified friends or family with type 1 (T1D) or T2D using insulin (peers) as potential barriers or facilitators to insulin initiation. However, no research has explicitly explored the influence of peers on attitudes to insulin initiation. In addition, it is not understood what advice or peer modelling is perceived as useful by people with T2D.

**Aims**
- To explore the perceived role of peers during/after insulin initiation.
- To identify key messages that participants perceived would be helpful to other people with T2D considering insulin initiation.

**Method**

**Design and Data Collection**
- 20 semi-structured face-to-face interviews were conducted in Victoria between June 2013 and February 2014.
- Participants were asked open-ended questions regarding their attitudes toward their diabetes management and its intensification from diagnosis to current day.
- The current study explores a subset of interview data relating to the following topics:
  - Interactions with other people with diabetes using insulin (peers)
  - The role of peer support and impact of peer experiences using insulin
  - Advice for others with T2D who require insulin
- Interviews were audio recorded and transcribed.
- Interviews lasted on average 42 mins (range: 20-69).

**Participants**
- Participants were recruited through Diabetes Victoria and ACBRD websites, social media sites, and e-newsletters.
- Eligibility criteria: Adults with T2D, using insulin for ≤4 years to allow recall, English speaking and able to attend a face-to-face interview.
- Table 1 summarises participant characteristics.

**Analysis**
- Thematic inductive analysis was conducted using NVivo 10 to identify themes relevant to the aims of the current study.
- Two researchers (EHT & JB) read and coded a sample of transcripts and formulated a coding framework. EHT coded the remaining transcripts after sufficient coder agreement was demonstrated.
- Themes were reviewed and agreed upon by all authors.

**Results**

**Background**
- The majority (n=16) reported knowing someone with insulin using diabetes:
  - 4 participants reported peers with T1D: 10 had peers with insulin using T2D; and 2 had a mix of peers
  - 4 participants had insulin-using family members: 5 had insulin-using friends or acquaintances; 7 had a mix
- Table 2 shows themes that emerged and example quotes.
- Participants reported varying levels of interaction with peers about insulin use and diabetes management:
  - For some, insulin-using peers acted as an emotional and problem-solving support system
  - Others did not see a need to discuss diabetes with peers
  - Others wished for more (formal or informal) peer support
- Participants reported experiences with peers which positively or negatively impacted their perception of insulin treatment.
  - Prior exposure to insulin injections (e.g. assisting family members with diabetes to inject) helped some feel more comfortable with injections
  - In contrast, others reported heightened needle fear or concern due to prior insulin injection exposure
- Some participants associated insulin with the good/improved health of peers using insulin
- Others perceived insulin as a sign of a more serious condition or diabetes progression. This was often associated with experiences of peers with T1D

**Conclusions**

- Insulin-using peers can play an influential role in insulin initiation.
- Exposure to peer experiences with insulin can both positively and negatively impact a person’s appraisal of insulin treatment prior to initiation.
- These results suggest the need for health professionals to identify and discuss prior experiences of insulin when recommending insulin initiation.
- Participants identified positive, empowering messages as useful advice to offer others.
- Future research should explore the feasibility and effectiveness of formal peer support programs (e.g. mentors) for people with T2D initiating insulin.

**Reference**


**Table 1. Sample characteristics**

<table>
<thead>
<tr>
<th>Variable</th>
<th>n (%) / median (range)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>65 (43-76)</td>
</tr>
<tr>
<td>Gender (women)</td>
<td>7 (35%)</td>
</tr>
<tr>
<td>Australian born</td>
<td>15 (75%)</td>
</tr>
<tr>
<td>Diabetes duration</td>
<td>11.5 (2-27)</td>
</tr>
<tr>
<td>Insulin injection treatment duration (years)</td>
<td>2 (0-3.5)</td>
</tr>
<tr>
<td>Highest qualification (University degree)</td>
<td>11 (55%)</td>
</tr>
<tr>
<td>Employment</td>
<td>6 (30%)</td>
</tr>
</tbody>
</table>

**Table 2. Interview themes and example participant quotes**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Example Participant Quote</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional support</td>
<td>“I talk a lot to the guy at work, he’s got type 1” #01</td>
</tr>
<tr>
<td></td>
<td>“I have a few friends of mine that are all insulin diabetics and we all sit there at the table. Shooting” #06</td>
</tr>
<tr>
<td>No role</td>
<td>“I’ve got people I haven’t seen for quite some time, both big overweight guys, we never talk about diabetes in that regard. It’s not a thing, like I’m, I’m comfortable talking about it but I just don’t see the need to do it” #11</td>
</tr>
<tr>
<td>Wish for more</td>
<td>“Perhaps, um, conversing with people in the same situation might have helped”#04</td>
</tr>
<tr>
<td>Impact of peer experiences</td>
<td><em>Increasing seriousness</em> <em>“Having a family history of diabetes and understanding what happens when you do go on the needle that there is no coming back from it and I didn’t want to be in a position where I became subject to</em> #05</td>
</tr>
<tr>
<td></td>
<td>“So from that time I guess it’s always been this fear “I’m going to end up”, you know, I’d hate to have to have needles every day” #17</td>
</tr>
<tr>
<td>Needle fear</td>
<td>“It was fine because I used to do Anna and William’s injections. And I did dad’s injections” #05</td>
</tr>
<tr>
<td>Increased acceptability</td>
<td>“Because an auntie was on it. ...And she lived till she was in her 80s” #15</td>
</tr>
<tr>
<td>Expected positive outcome</td>
<td>“I didn’t even think about it until I had to do it myself, you know. It was, well, mum’s got that, you know, that all was” #03</td>
</tr>
<tr>
<td>No impact</td>
<td>“Don’t be an idiot. Do what your doctor says. As much as you may hate doing it, it’s helped me. It may be not for everyone but be guided by the people that know. You know, they’re trained to save your life.” #16</td>
</tr>
</tbody>
</table>

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**Acknowledgements**

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