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Understanding Lived Experiences of Digital Health Education for Self-Management Among Patients with Type 2 Diabetes

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ABSTRACT

Digital self-management education has become an increasingly important component of chronic disease care, particularly in promoting patient autonomy and long-term behavioral change. While the effectiveness of these digital interventions is well documented through quantitative metrics, little is known about how patients with type 2 diabetes experience and interpret such education in their daily lives.
This study addresses the gap by asking: How do patients with type 2 diabetes perceive and make meaning of digital health education for self-management?
Using an interpretative phenomenological approach, this study explores the lived experiences of patients engaging with digital education platforms and reveals how they emotionally and cognitively respond to such interventions.
Data were collected through semi-structured interviews with twelve participants and systematically analyzed using Interpretative Phenomenological Analysis (IPA). The analysis process involved iterative coding, theme development, and cross-case comparison to ensure rigor and depth of interpretation. The analysis uncovered four major themes: reclaiming control through digital engagement, learning beyond the clinic, emotional resonance and peer connection, and barriers of trust and technological fatigue. These themes illustrate that digital education is not only an informational tool but also an emotionally embedded and socially contextualized experience.
The findings underscore the significance of digital health education in fostering patient empowerment, enhancing self-reflection, and supporting sustained lifestyle adaptation, while also revealing critical challenges that need to be addressed in design and implementation. This study contributes to a deeper understanding of patient-centered health education and calls for more culturally sensitive and narrative-driven digital interventions. Future research should expand across more diverse populations to explore how these experiences vary and evolve over time.

INTRODUCTION

Chronic diseases, particularly type 2 diabetes, continue to represent a significant public health concern worldwide, affecting millions of individuals across diverse socioeconomic and cultural contexts (Agherdien, 2025; Dubey et al., 2025). The increasing prevalence of diabetes has prompted a shift in health education strategies, emphasizing the importance of patient-centered approaches that empower individuals to manage their conditions independently (Mensah et al., 2025). Digital health technologies have emerged as a promising avenue for delivering education and promoting self-management among patients with chronic illnesses. These tools ranging from mobile applications to online modules offer flexible, scalable, and cost-effective methods to engage individuals in ongoing learning and behavioral change.

Despite these advancements, existing literature has largely emphasized measurable outcomes such as glycemic control, treatment adherence, or behavioral compliance, often through quantitative frameworks (Valli et al., 2025). While valuable, such approaches underrepresent patients' subjective experiences and meaning-making processes in digital health education (Bahardeen et al., 2025; Bridgman & Erickson, 2025). What remains underexplored is how patients internalize digital health guidance, how they emotionally and cognitively respond to it, and how these experiences influence their everyday practices.

Theoretical perspectives on patient-centered care highlight that health interventions must consider not only clinical effectiveness but also the social, cultural, and emotional contexts in which patients engage with them (Hunt & Aggad, 2025). In communal or resource-limited settings, digital education may intersect with cultural values, social support, and personal identity, shaping experiences of empowerment, skepticism, or connection. Capturing these dynamics requires approaches that foreground lived experience, emphasizing meaning rather than metrics.

This study therefore adopts a phenomenological approach to bridge this gap, focusing on how patients perceive and live through digital self-management education. By building on theoretical discussions of experiential learning and narrative-based health education (Gupta, 2025; Chan et al., 2025), it situates digital health technologies not merely as instructional tools but as platforms for personal reflection, adaptation, and relational engagement. In doing so, the study responds to the growing need for health education research that values the richness of individual narratives and the contexts in which they unfold. However, the methodological challenges in exploring such deeply personal experiences remain considerable (Subrahmanyam & Smith, 2025). Many existing studies employ quantitative frameworks that prioritize measurable outcomes such as adherence rates or clinical indicators over the subjective realities that patients confront daily (Nwafor et al., 2025). These approaches often fail to capture the emotional nuances, contextual influences, and evolving perceptions that shape how individuals relate to digital health interventions. In doing so, they risk overlooking the very dimensions that influence sustained engagement and meaningful learning.

As a result, much of the current research offers an incomplete picture of how digital self-management education is actually experienced by patients (El-Khoury et al., 2025). Without methods that prioritize narrative, reflection, and contextual interpretation, the essence of the phenomenon remains underexplored (Sivarajan & Varma, 2025). This gap underscores the inadequacy of traditional models to fully comprehend the dynamic interplay between digital education and lived health experiences (Ainz-Galende et al., 2025). A phenomenological approach particularly one that embraces interpretative methodologies is uniquely positioned to address this shortfall by illuminating the personal and contextual meanings that individuals construct as they engage with health education technologies.

Common approaches to improving self-management among individuals with type 2 diabetes have largely centered on practical, outcome-driven strategies (Hitches et al., 2025). These include structured educational programs, mobile health (mHealth) interventions, and behavioral prompts designed to reinforce adherence to treatment protocols (Bombak et al., 2025). While these approaches have shown measurable success in areas such as glycemic control and medication compliance, they are typically assessed using standardized metrics that offer limited insight into the patient's inner world and subjective reasoning.

The limitation of these conventional models lies in their inability to capture the lived, evolving experiences of individuals navigating digital health tools within their personal and social contexts (Brigidi & Leyva-Moral, 2025; Wellington et al., 2025). Quantitative evaluations often obscure the emotional, cognitive, and relational dynamics that influence how patients interpret, adapt, or resist digital guidance. Consequently, the richness of human experience how individuals make meaning of self-care, process digital content, and incorporate it into their lives is frequently underrepresented in the literature (Dai & Kesuma, 2025).

To address this shortfall, there is a growing need for research that goes beyond behavioral measurement and explores the depth and complexity of personal engagement with digital health education (Thorpe & O'Leary, 2025). A phenomenological approach offers a compelling alternative by focusing on the essence of lived experiences. Through interpretative inquiry, it becomes possible to illuminate how individuals emotionally, cognitively, and socially respond to digital education, revealing insights that are inaccessible through purely instrumental or positivist methodologies.

Previous research has examined digital self-management interventions for patients with type 2 diabetes, often focusing on outcomes such as treatment adherence, knowledge improvement, and glycemic control (Russ et al., 2025). While these studies contribute valuable data, few have explored the deeper experiences of patients as they interact with digital tools (Kerr & DeMichelis, 2025). Existing literature rarely captures the emotional, cognitive, and cultural processes involved in navigating health education digitally (McMains et al., 2025). Some qualitative studies have attempted to address this gap, but most lack the methodological depth to reveal how patients make sense of their experiences. This highlights the need for a phenomenological approach that centers on meaning-making and lived experience.

This study uses interpretative phenomenological analysis (IPA) to explore how individuals with type 2 diabetes perceive and experience digital education in their everyday lives (Mets-Oja et al., 2025). IPA was chosen because it allows for a detailed exploration of how participants interpret their personal encounters with digital health content. This method directly addresses the knowledge gap identified earlier by focusing not only on what patients do, but how they feel, think, and reflect during the process (Ottaway et al., 2025). Through this approach, the study uncovers key themes that define the essence of learning and adaptation in a digital health context. The findings are intended to inform the design of more meaningful and responsive health education strategies.

The article is structured into six main sections. The introduction outlines the background and rationale of the study, followed by a specific discussion of the phenomenon under investigation (Butler & Lupton, 2025). The methods section details the use of IPA, participant recruitment, data collection, and analysis procedures. The results section presents key experiential themes supported by participants' quotations. Finally, the discussion and conclusion interpret these findings and highlight their implications for theory, practice, and future research.

RESEARCH METHODS

Study Design

This study employed an interpretative phenomenological approach to explore the lived experiences of individuals with type 2 diabetes engaging in digital self-management education (Fife, 2020). This methodological choice was grounded in the aim to uncover the personal meanings and subjective interpretations that individuals assign to their interactions with digital health platforms. Interpretative Phenomenological Analysis (IPA) was selected for its emphasis on the depth and richness of individual experiences and its suitability in uncovering nuanced insights within health education contexts. The interpretative nature of this design allowed for the analysis of both the participants' accounts and the contextual influences shaping their understanding of the phenomenon.

Participants

Participants were individuals diagnosed with type 2 diabetes who had actively engaged in digital education platforms aimed at promoting diabetes self-management (Kawamura, 2020). A purposive sampling strategy was utilized to identify participants who possessed rich experiential knowledge of the phenomenon under investigation. Inclusion criteria required that participants be adults aged between 30 and 65 years, have a minimum of six months' exposure to digital self-management programs, and be able to articulate their experiences clearly in interviews. Individuals with cognitive impairments, acute complications, or who were newly diagnosed were excluded. A total of 12 participants (7 women and 5 men), with an average age of 49.2 years, took part in the study. To strengthen validity, purposive sampling also considered diversity in socioeconomic status, educational background, employment type, and digital literacy levels. This ensured that the sample reflected a broad range of lived realities, allowing the analysis to capture both commonalities and contrasts in patient experiences.

Data Collection

Data were collected through semi-structured, in-depth interviews conducted in person at a private, neutral location chosen by the participants to ensure comfort and privacy (Fenton & Baxter, 2016). An interview guide was developed to elicit detailed narratives about participants' experiences, perceptions, and emotional responses to digital health education. Interviews lasted between 45 to 75 minutes and were audio-recorded with consent. Field notes were taken to capture non-verbal cues and contextual elements. The interview guide was piloted and refined for clarity and cultural sensitivity. All interviews were transcribed verbatim for analysis. To support an open and reflective environment, efforts were made to create rapport and to reassure participants of confidentiality.

Data Analysis

Data were analyzed using the principles of Interpretative Phenomenological Analysis (IPA), which involved iterative and systematic procedures to identify patterns of meaning across the transcripts. The analytic process began with immersive reading of transcripts, followed by the identification of significant statements and emergent themes. Thematic clustering was then employed to group related meaning units, with attention paid to both convergence and divergence among participants' accounts. NVivo software was used to assist with data organization and coding, ensuring consistency and transparency throughout the analytic process. Essential themes were refined through abstraction and synthesis to arrive at core insights that represented the lived experiences of the participants.

Ethical Considerations

Ethical approval was obtained from the appropriate institutional ethics review board prior to data collection. Written informed consent was secured from all participants, including consent for audio recording and anonymized use of their quotations. Participants were assured of the voluntary nature of their involvement, the confidentiality of their data, and their right to withdraw at any stage. The study adhered to the ethical principles outlined in the Declaration of Helsinki and complied with local ethical regulations concerning human subjects research.

RESULTS

Reclaiming Control through Digital Engagement

Participants described how digital education empowered them to regain control over their condition. Engaging with visual materials, mobile applications, and tailored content helped foster a sense of agency in managing their diabetes, particularly for those who had previously relied heavily on healthcare professionals.

"Before using the app, I just followed what the doctor told me. But now, I understand why I need to eat a certain way or check my sugar. It feels like I'm finally part of the process." (Participant 03)

The sense of ownership emerged as participants articulated their transitions from passive recipients of care to active agents in their health management. For many, this transformation was emotionally significant, instilling confidence and reducing anxiety about their condition.

Learning Beyond the Clinic: Flexibility and Personal Meaning

Participants valued the flexibility that digital education offered, allowing them to learn at their own pace and revisit information as needed. This self-directed learning environment enabled deeper comprehension, particularly among those with limited access to routine healthcare.

"Sometimes the videos explain things better than the doctor. I can pause, go back, and listen again until it makes sense." (Participant 07)

The content, especially when presented in audiovisual formats, was perceived as more relatable and easier to digest. Several participants highlighted that the inclusion of real-life patient stories helped them connect emotionally with the material. For example, one participant explained, "When I watched someone talk about skipping medicine because of stress, I realized I was doing the same thing. It made me stop and think about my own habits." (Participant 06). Such reflections show that learning extended beyond medical facts into meaningful self-awareness.

Emotional Resonance and Peer Connection

A recurring element in the narratives was the emotional support gained through digital platforms, especially those that included peer interaction or patient testimonies. Participants frequently mentioned feeling “less alone” after engaging with content featuring people who shared similar struggles.

"Hearing someone say they also felt tired of all the routines… it made me feel normal. I cried during that video because it was like she was telling my story." (Participant 11)

Other participants echoed similar sentiments, though in different ways. One participant described feeling “reassured” when reading online discussions where peers shared strategies for coping with setbacks: "I saw that others also fail sometimes with diet or exercise, and it gave me hope that I can try again." (Participant 04). Another emphasized the motivational aspect: "When I saw people like me succeeding, it pushed me not to give up." (Participant 09). These varying expressions of emotional resonance highlight how digital platforms created both comfort and motivation through shared human experience.

This emotional connection was not only comforting but also motivating. It reinforced their willingness to adhere to the guidance provided and encouraged sustained engagement with the digital tools.

Barriers of Trust and Technological Fatigue

Despite the benefits, several participants expressed concerns over the credibility of some digital content and felt overwhelmed by the volume of information. Some questioned the reliability of certain sources, while others reported difficulty in maintaining consistent digital engagement due to screen fatigue or lack of technical familiarity.

"Sometimes I don’t know if the advice in the app is really correct… I still ask my doctor, just to be sure." (Participant 02)

"Too many videos, too many messages. At some point, I just turned off the notifications." (Participant 08)

These insights reveal the limitations of digital learning environments and underscore the need for curated, credible, and personalized content. They also point to the importance of balancing technology with human support.

Participants’ experiences revealed a complex interplay between empowerment, emotional resonance, contextual learning, and digital fatigue. Digital self-management education was not merely an information delivery tool but a transformative experience that shaped how individuals interpreted and engaged with their health. By including both empowering and challenging experiences, the findings emphasize that digital health education operates at once as an instructional resource, an emotional support system, and a social space for shared struggles. These themes collectively illuminate the lived realities of managing chronic illness in the digital era, providing a foundation for more responsive and empathetic health education interventions.

DISCUSSION

The findings of this study revealed that patients with type 2 diabetes experienced digital self-management education as a deeply personal journey shaped by empowerment, emotional connection, and selective engagement (Patten, 2025). These experiences addressed the core research question by illuminating how individuals interpret, integrate, and assign meaning to digital health content within the context of their everyday lives.

The study contributes a nuanced understanding of the phenomenon by demonstrating that digital health education is not merely a functional tool but a relational and reflective experience

(Greenberg, 2025). Patients do not passively receive information; they negotiate its relevance, reflect on its emotional resonance, and adapt it to their personal health narratives. The themes of reclaiming control, learning beyond the clinic, emotional resonance, and digital fatigue collectively reveal a complex interplay between technology and human agency (Ziegenhagen et al., 2025). These insights directly respond to the central question of how patients perceive and experience digital health education, offering a perspective that previous outcome-based studies have largely overlooked.

In relation to existing literature, the findings align with and extend prior research on patient empowerment and the subjective dimensions of digital health. For instance, (Olajide et al., 2025) emphasized the interpretative challenges patients face when navigating mHealth interventions, which is echoed here in participants' reflections on credibility and overload. Similarly, (Walsh et al., 2025) underscored the role of emotional connection in fostering engagement, a dynamic strongly evident in this study's theme of peer resonance. However, this study advances the field by integrating emotional, cognitive, and cultural aspects into a unified understanding of digital health learning, grounded in the lived realities of patients (Ahmadi & Oghani Esfahani, 2025). By adopting a phenomenological lens, it provides a deeper articulation of patient voices, complementing and enriching previous empirical models that tend to isolate behavioral metrics from meaning-making processes.

At the same time, it is important to critically acknowledge potential biases within the data collection process. Because participants were recruited through purposive sampling and self-selected into the study, there is a possibility that those who volunteered were already more motivated, reflective, or positively inclined toward digital health tools. This may have resulted in an overrepresentation of perspectives from individuals with greater digital literacy or higher engagement levels, while voices of those less confident, less digitally active, or more skeptical toward technology may remain underexplored. Recognizing these limitations is crucial in interpreting the extent to which the themes identified reflect broader patient populations.

Implications of the Findings

The insights drawn from this study offer meaningful implications for both the development of digital health education and the broader understanding of patient learning in chronic disease contexts (Oben & Hui, 2025). From a professional perspective, recognizing digital education as a subjective, emotionally grounded experience urges healthcare practitioners and developers to design interventions that honor narrative, empathy, and cultural context. Educational content that acknowledges patients' emotional journeys and allows space for reflection may enhance trust, engagement, and long-term adherence. Culturally relevant storytelling, peer-based modules, and personalized feedback systems could support more inclusive and resonant digital experiences. More broadly, these findings affirm that effective health education must go beyond clinical accuracy to also address how knowledge feels, not just how it is delivered.

Study Limitations

Despite the rich insights provided, this study has several limitations that must be acknowledged (Tam & Cheung, 2025). The use of purposive sampling, while appropriate for phenomenological inquiry, may limit the diversity of experiences represented, particularly across geographic regions or digital literacy levels. All participants had at least basic access to digital tools and a willingness to reflect, which may not represent individuals with more restricted access or different motivational profiles. Furthermore, the voluntary nature of participation may have introduced self-selection bias, meaning that individuals who were more comfortable with digital tools or more eager to share their stories may have been disproportionately represented. This potential overrepresentation must be considered when assessing the generalizability of the findings. Additionally, the interpretative nature of the analysis, though rigorous, is influenced by the researchers' lens and contextual understanding. These factors should be considered when interpreting the transferability of the findings to other populations or healthcare settings.

Future Research Directions

Future research may benefit from expanding the demographic diversity of participants to include individuals from rural areas, varying socioeconomic backgrounds, or those with limited digital access (Fermín-González et al., 2025). Comparative studies could explore how different cultural or linguistic groups experience digital education differently, shedding light on the intersection between technology and social identity (Johnson et al., 2025). Longitudinal phenomenological studies may also reveal how patients' experiences evolve over time and how initial interpretations of digital tools transform with continued use. Moreover, integrating phenomenological insights with participatory design approaches could lead to co-created digital interventions that truly reflect the lived realities of the populations they aim to serve.

CONCLUSION

This study explored the lived experiences of patients with type 2 diabetes as they engaged with digital self-management education platforms. The findings revealed that patients perceived digital education not simply as information delivery but as a dynamic and emotionally meaningful process. Participants described feeling empowered, connected, and at times overwhelmed, highlighting the complexity of learning through technology. These insights addressed existing gaps in the literature by offering a deeper understanding of how patients interpret, adapt, and integrate digital health information into their daily lives. The study underscores the importance of designing digital interventions that reflect patient narratives, emotional contexts, and cultural values.

For healthcare professionals, these findings suggest the need to integrate digital tools not as replacements but as complementary supports to clinical care, with an emphasis on empathy, personalization, and ongoing patient engagement. For digital health developers, the results highlight the importance of incorporating user-centered design principles, culturally sensitive content, and mechanisms for peer support to enhance trust and motivation. Future research should not only expand to more diverse populations but also examine differences across socioeconomic, cultural, and digital literacy contexts to avoid overrepresentation of certain groups. Longitudinal studies are also needed to capture how patients' interpretations of digital health tools change over time. Additionally, mixed-method approaches could enrich understanding by combining phenomenological insights with outcome-based measures, thereby linking patient experiences to clinical effectiveness.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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