



EXPLORING THE ROLE OF SPIRITUALITY IN TYPE 2 DIABETES MANAGEMENT FOR SOUTH ASIAN SENIORS



AUTHORS

Arvith Jhirad, BPH, Brock University
Dr. Valerie Michaelson, Assistant Professor, Health Sciences, Brock University

Research Question

What is the role of spirituality in Type 2 Diabetes management in South Asian seniors?

Background

- South Asian individuals have a disproportionately higher rate of incidence of being diagnosed with Type 2 Diabetes compared to general population¹.
- Spirituality has shown **increased glycemic control**, the control of blood sugar levels, in individuals living with Type 2 Diabetes².
- Women are more spiritual and are more likely to include their personal beliefs when dealing with symptoms that may arise from their health problems³.
- People may be spiritual and religious or spiritual and not religious⁴.

Aim of Research

- South Asians are the most likely to be diagnosed with Type 2 Diabetes, but they are one of the least studied groups for coping strategies to self-manage the illness.
- Type 2 Diabetes is defined as a disease that develops when the body does not produce enough insulin or use it properly⁵.
- Spirituality involves the search for meaning and purpose through which one establishes [their] relationship with time, oneself others, and God⁶.
- The **purpose** of this qualitative study is to explore the role of spirituality in the self-management practices of a select few South Asian individuals living with Type 2 Diabetes

Methods

- **Eligibility criteria:**
 - South Asian ethnicity
 - 65+ (Seniors - as defined by the Ontario Drug Benefit Program)
 - Diagnosed and living with Type 2 Diabetes
 - Working capacity in English
 - Living in Southern Ontario
- Voluntary sampling strategy through pharmacies
- Convenience sampling strategy
- Semi-structured in-person interviews

Results

- **Theme 1: Type 2 Diabetes mostly managed by medication**
 - **Participant 1:** "I find that everything is in control. Because I am on tablets, nothing more than that and since the time I have been on medication, I have only been on medication. The same dosage, no change in dosage at all."
 - None of the participants found the need to take up any alternatives in managing their Diabetes as they found that their blood sugars were being kept in check by solely taking this prescribed medication.
- **Theme 2: Participants' strength comes from good diet and exercise**
 - **Participant 2:** "...I walk quite a bit in the mall and if it's a nice day outside, I'll even go walking outside, you know. But uh- that's about it. And of course, I make sure that I don't eat uh- too many sweets and all that."
 - When asked about dietary changes, all three participants mentioned that they do not eat many sweet items as they once did but that is most of the changes they have made.



Discussion

- **No concrete role of spirituality in the self-management of Type 2 Diabetes for these participants.**
- Believed in the more **medical approach to health.**
- None of them believed they really needed external forces to help them manage their Diabetes, and that it was **their own personal responsibility to remain healthy.**
- With the lack of women and non-binary participants, coping styles studied were more specific to men.
 - Men are more likely to use confrontational and self-reliant coping styles⁷.
- Similar findings demonstrated that men living with Diabetes often used problem-oriented coping styles.
 - Problem-oriented coping skills are defined by the active efforts that an individual will take to manage their stressful situations⁸.

Conclusion

- Literature has shown that spirituality provides a coping strategy to keep blood sugar levels in check by providing the patient with a motivation factor to stay healthy, as they feel like they have the support to do so.
- The participants interviewed did not demonstrate a clear relation to using spirituality in their management strategies.
- To further explore this topic, questions could be refined to be understood better for elder participants.
- Results from this study could be used to influence patient care plans to use primary interventions before moving towards further options of care.

Strengths & Limitations

- **Strengths:**
 - All participants from various South Asian backgrounds and different religions
 - Highlighted the need for the topic to be explored
- **Limitations:**
 - No women or non-binary participants interviewed
 - Minimal data collected
 - Limited time period

References

1. Khan, N. A., Wang, H., Anand, S. S., Jin, Y., Campbell, N. R., Pilote, L., & Quan, H. (2011). Ethnicity and Sex Affect Diabetes Incidence and Outcomes. *Diabetes Care*, 34(1), 96-101. <https://doi.org/10.2337/d010-0865>
2. Danyali, P., Christodoulidou, S., Orlanski, M., Avgoustidis, A. G., Thanopoulos, A., & Charvati, G. P. (2018). On the Role of Spirituality and Religiosity in Type 2 Diabetes Mellitus Management—A Systematic Review. *Psychology*, 9(104), 728-744. <https://doi.org/10.4236/psych.2018.91044>
3. Rasoulkhani, A., Gaiger, A., & Loeffler-Stott, H. (2021). Gender Differences in Psychosocial, Religious, and Spiritual Aspects in Coping: A Cross-Sectional Study with Cancer Patients. *Women's Health Reports*, 2(1), 464-472. <https://doi.org/10.1089/whr.2020.0012>
4. Duke, N. C. (2021). Type 2 diabetes self-management: spirituality, coping and responsibility. *Journal of Research in Nursing*, 26(8), 743-760. <https://doi.org/10.1177/17449871211026958>
5. Type 2 diabetes. (n.d.). Diabetes Canada Website. <https://www.diabetes.ca/about-diabetes/type-2>
6. Onyiah, C. N., Reckhow, L. C., Victor-Aigbodion, V., & Ezeadi, C. (2021). Impact of spiritual beliefs and faith-based interventions on diabetes management. *World Journal of Diabetes*, 12(5), 630-641. <https://doi.org/10.4239/wjcd.v12i5.630>
7. McNamara, B., Carter, A. S., Lundberg, L. S., Kennedy, H. P., & Gariepy, A. M. (2016). "I'm used to doing it by myself": exploring self-reliance in pregnancy. *BMC Pregnancy and Childbirth*. <https://doi.org/10.1186/s12884-016-2022-8>
8. Schoonmakers, E. F., Van Tilburg, T. G., & Folkema, T. (2015). Problem-focused and emotion-focused coping options and loneliness: how are they related? *European Journal of Ageing*, 12(2), 155-161. <https://doi.org/10.1007/s10433-015-0354-1>

ETHICS FILE

This study has been reviewed and received clearance from the Brock University Health Sciences Research Ethics Board [22-136 MICHAELSON].

ACKNOWLEDGEMENTS

This study would not have been possible without the participants, Dr. Valerie Michaelson, the Michaelson lab group, Dr. Faight and the HLSC 4F90 class.