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How people from ethnic minorities describe their experiences of managing type-2 diabetes mellitus: A qualitative meta-synthesis

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A R T I C L E I N F O

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A B S T R A C T

Background: The increasing prevalence of diabetes is well-documented along with the findings that some ethnic minorities have a higher prevalence than non-minority individuals. Along with possible biological differences between ethnicities, access to economic, social, cultural and symbolic capital may impact on the success of managing type-2 diabetes.

Objectives: To examine how people from ethnic minorities in Western countries describe their experiences of managing type-2 diabetes mellitus.

Data sources: PubMed and Ovid Medline databases.

Eligibility criteria: Studies between 1946 and July 2016 were included if they were qualitative in design and presented findings in relation to adults from ethnic minorities and their descriptions of self-managing type-2 diabetes mellitus.

Study appraisal and synthesis: The CASP evaluation for qualitative studies was used for quality appraisal and synthesis involved thematic analysis and evaluation of evidence using GRADE-CERQual approach.

Findings: Twenty-seven papers were included in the review. The primary studies were all conducted in middle-high income western countries with people from diverse ethnicities, although the majority were Black American. There was high confidence in the evidence that a sense of powerlessness, issues of treatment accessibility and acceptability, and the culturally defined roles within families impacted on how some participants managed their diabetes. There was moderate confidence in the evidence in relation to the cultural significance of food and for the cultural effect of stigma.

Conclusion: The potential for a sense of powerlessness to manage diabetes, the acceptability and accessibility of treatment, the significance of food, the impact of cultural roles and stigma needs to be pivotal to diabetes education for people from ethnic minorities in Western countries.

What is already known about the topic?

- Type-2 diabetes mellitus is a major health concern globally.
- Ethnic minorities have been consistently identified as having higher rates of type-2 diabetes mellitus.

What this paper adds

- Some ethnic minorities in Western countries face difficulties in managing type-2 diabetes mellitus because of a sense of powerlessness, issues of treatment accessibility and acceptability, the culturally defined roles within families, the cultural significance of food and the cultural effect of stigma.
- The difficulties are related to disparities in access to Western economic, social, cultural and symbolic capital.
- These disparities are most likely related to ethnicity rather than minority status.

1. Introduction

The increasing prevalence of diabetes is well-documented. It is estimated that 285 million people worldwide have diabetes mellitus (Shaw et al., 2010), 90% of whom have type-2 diabetes mellitus (Zimmet et al., 2001). The prevalence of diabetes for all ages worldwide was estimated to be 2.8% in 2000 and projected to be 4.4% in 2030 (Wild et al., 2004). It is also well-documented that some ethnic minorities have a higher prevalence of diabetes than non-minority individuals (Golden et al., 2012).

The United Nations (United Nations Human Rights, 2017) has defined ethnic minority as a group numerically inferior to the rest of the

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population of a State, in a non-dominant position, whose members – being nationals of the State – possess ethnic, religious or linguistic characteristics differing from those of the rest of the population and show, if only implicitly, a sense of solidarity, directed towards preserving their culture, traditions, religion or language. The World Health Organisation (2010) has cautioned that generalizations cannot be made about the health status of those belonging to ethnic minorities because this can differ between different groups, countries and health conditions and as a function of gender, age and several other variables.

However, in upper-middle-income and high-income countries, minority ethnic groups often have a higher prevalence of type-2 diabetes mellitus than is seen in the local population (Attridge et al., 2014). In the United Kingdom the prevalence in certain ethnic minority communities has been found to be four to five times more common than in the indigenous white population (Fischbacher et al., 2009; Mather and Keen, 1985). There are similar disparities in South Asian communities in South Africa and Scandinavia and Maori and Aboriginal communities in New Zealand and Australia (Abate and Chandalia, 2003). In the United States where 7.6% of non-Hispanic whites, 9% of Asian Americans, 12.8% of Hispanics, 13.2% non-Hispanic blacks and 15.9% of American Indians/Alaskan natives have type-2 diabetes mellitus (American Diabetes Association, 2016).

Successful control of diabetes depends upon daily maintenance with 95% of diabetes care undertaken by the patient (Hajos et al., 2011). This involves self-management which has been defined by Kralik et al. (2004) as the actions and decisions an individual makes to manage their illness on a daily basis. Henderson et al. (2014b) propose that access to economic, social, cultural and symbolic capital is required in order to successfully self-manage diabetes. This way of understanding the role of capital in the management of diabetes is based on the work of Bourdieu (1995). The adoption of self-management behaviours for successful control of diabetes is dependent upon access to capital in the form of money, social networks, capacity to negotiate relationships with health professionals and understanding of the relevance of the advice of health professionals (Henderson et al., 2014a). This has implications for ethnic minorities whose access may differ to those in the dominant western cultures who have developed the healthcare systems and the treatment protocols.

Irrespective of ethnicity control of diabetes can be difficult. Wilkinson et al. (2014) have identified that multiple barriers influence the day-to-day management of diabetes and include communication with health provider, education that was understandable, personal and practical issues, access to healthcare and support. Some studies have identified that in addition to these general barriers those in ethnic minorities face additional barriers (Spanakis and Golden, 2013; Eborall et al., 2016; Johnson et al., 2014).

The concept of ethnicity as defined by Williams (1997) as a complex multidimensional construct reflecting the confluence of biological factors and geographical origins, culture, economic, political and legal factors, as well as racism, plays an important role in health disparities. Given the prevalence of type-2 diabetes generally and its impact on some largely non-white and non-Western ethnicities it seemed important to examine how people in ethnic minorities described their experience of managing type-2 diabetes. While there may be biological factors that influence the development and course of diabetes in some ethnicities, there are also behavioural, social, environmental, and health system contributors to diabetes disparities (Spanakis and Golden, 2013).

People from ethnic minorities in middle to high income Western countries are unlikely to have access to the economic, social, cultural and symbolic capital as those in the majority ethnicity and this experience may have some commonalities across ethnicities that may influence these peoples' experiences of managing type-2 diabetes. We note that the experiences may be different for these people in settings where they may be the ethnic majority and that there are likely differences across ethnicities, however we were interested to examine if there were common issues that these people faced when living within Western communities.

2. Method

2.1. Aim

To examine how people from ethnic minorities in Western countries describe their experiences of managing type-2 diabetes mellitus.

2.2. Design

A qualitative meta-synthesis was conducted involving the following steps:

a) Developing the review question
b) Developing the search strategy
c) Conducting a quality appraisal of selected papers that meet inclusion and exclusion criteria.
d) Extraction of themes
e) Meta-synthesis of themes
f) Evaluation of confidence in the evidence

As described by Sandelowski et al. (2007), meta-syntheses are integrations that are more than the sum of parts, in that they offer novel interpretations of findings. These interpretations will not be found in any one research report but, rather, are inferences derived from taking all of the reports in a sample as a whole.

2.3. Eligibility criteria

See Table 1 for eligibility criteria. An initial scoping search found no papers that met other eligibility criteria published before 2000, however we ran a search strategy with parameters from 1946 until current in an effort to access all relevant studies.

2.4. Search method

Two databases (PubMed and Ovid Medline) were searched using the following search terms (Qualitative research OR Qualitative methodology OR Focus group OR Interviews) AND (Diabetes OR type 2 diabetes) AND (Adult) AND (Ethnicity OR Ethnic minority OR Ethnic factors) AND (Self–management OR Self-managing OR management OR self-care). Reference lists of papers identified by the on-line search were manually searched. Those articles which met the inclusion/exclusion criteria and eligible for quality appraisal also had their reference lists searched.

2.5. Assessment of relevance for inclusion

Two reviewers independently screened the abstracts of titles identified by the search strategy. The full papers of those abstracts that described using a qualitative method, and focused on self-management of diabetes amongst ethnic groups were then reviewed in relation to

Table 1
Eligibility criteria.

Inclusion	Exclusion
Primary qualitative research from peer reviewed journals	Diabetes discussed but not main focus
Adults over 18 years of age	Languages other than English
Diagnosis of diabetes mellitus type 2	Perception of diagnosis
Ethnicity reported	Programme evaluations
Focus on self-management of diabetes	
Date range 1946–July 2016	

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