



# A qualitative approach exploring the acceptability of yoga for minorities living with arthritis: ‘Where are the people who look like me?’



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## ABSTRACT

**Objectives:** To examine the acceptability of yoga research tailored to recruit and retain a minority population (both English and Spanish speaking) with arthritis. Yoga research for arthritis often underrepresents minorities and acceptability for this population has not previously been investigated.

**Design:** Acceptability was evaluated using retention, adherence, journals, and semi-structured exit interviews from twelve participants with osteoarthritis or rheumatoid arthritis undergoing an 8-week yoga intervention. Journal quotes were analyzed using content analysis techniques. NVivo software was used to organize transcripts and assemble themes. Two methods of triangulation (data and investigator) were used to overcome potential bias from a single-perspective interpretation. Exit interview comments were content analyzed using a card sort method. The study was designed with a cultural infrastructure including a multicultural research team, translators, and bilingual materials and classes, to facilitate trust and acceptability for primarily Hispanic and Black/African-American adults.

**Setting:** Washington, D.C. metropolitan area, USA.

**Results:** On average participants attended 10 of 16 classes, with home practice 2–3 days a week. All who completed were still practicing yoga three-months later. Qualitative narrative analysis identified major themes related to facilitating factors and barriers for yoga practice, self-efficacy, and support. Participant comments indicated that offering an arthritis-based yoga intervention and using a culturally congruent research design was found to be acceptable.

**Conclusions:** As yoga research grows, there is a need to understand and promote acceptability for typically under-represented populations. This study attempts to inform the expansion of multicultural research designed to recruit and retain those from diverse backgrounds.

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## 1. Introduction

There is promising evidence that yoga may be a safe and beneficial intervention for both osteoarthritis (OA) and rheumatoid arthritis (RA).<sup>1–3</sup> A limitation of the existing yoga research is the under-representation of diverse and minority populations. Lifetime yoga practitioners are more likely female, younger, non-Hispanic white, college educated, higher earners, and have better health status than non-practitioners.<sup>4</sup> The perspective of this group tends to be more heavily represented in yoga research. Hispanic and non-Hispanic Blacks are increasingly using yoga in the US.<sup>5</sup> While a few articles in the literature<sup>6–9</sup> found that when exposed to yoga practices, diverse populations benefit from these practices, anticipate using them in everyday life, report greater self-efficacy in

pain management, increased body awareness, and a stronger mind-body connection; none of the articles were specifically related to minority populations with arthritis.

In order for an intervention to be used by participants, they must find it to be acceptable. Acceptability can be influenced by values and perceptions related to ethnicity, culture, education, and personal experience.<sup>10</sup> This study was created to evaluate the feasibility and acceptability for a yoga intervention in a convenience sample of minority patients (either English or Spanish speaking) receiving rheumatology care at the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) Community Health Clinic (CHC) in a racially diverse area of the Washington, DC metro region.<sup>10</sup> Patients are referred to the rheumatology clinic from other neighborhood health centers, clinics, or practices in the area and care is provided without regard to medical insurance status.<sup>11</sup> Acceptability was evaluated by using retention and adherence indicators as well as participant narratives collected from three sources: 1) weekly journals, 2) semi-structured exit interviews, and 3) field notes.

### 1.1. Sociocultural considerations within clinical research

Traditional “gold standards” research processes may not be effective for ethnic minority populations.<sup>12</sup> Documented barriers to research include fear of unintended outcomes, language barriers, childcare, lack of transportation, legal status, and competing demands.<sup>12</sup> Specifically, within African American communities, mistrust has been historically documented as a significant factor affecting recruitment and retention.<sup>13</sup> For this study, cultural values such as allocentrism or collectivism (emphasizing the group rather than oneself) and familialism or *familismo* (strong identification with, feelings of loyalty, and attachment to family) were thought to potentially impact the recruitment of Hispanic participants. Under the concept of *simpatía*,<sup>14</sup> small talk was used when appropriate to build rapport, facilitate cooperation, and build trusting relationships between the researchers and participants.

The most commonly articulated facilitators for minority participation in health research has been to include culturally congruent study designs, altruism, and emphasis on the convenience of participation.<sup>12</sup> For some within the African American community additional facilitating factors include safety assurances; trust in the researcher and reputation of the research institution, and the inclusion of diverse racial and ethnic groups.<sup>12</sup> These were incorporated when designing the research study. It was hypothesized that by including bilingual, culturally relevant recruitment materials, researchers, and yoga instructors; participants would be more willing to enroll. Also that retention would be enhanced by offering a bilingual, community-based, arthritis-based yoga intervention, and classes with others living with arthritis.<sup>10</sup> The underlying premise being that if attention was paid to incorporate cultural aspects into the study design, yoga would be acceptable to minority persons with arthritis. This paper describes a study design developed to overcome potential barriers, positively influence recruitment and retention, and to facilitate trust. Additionally, it contributes to the body of literature advocating for research designed from a multicultural framework.<sup>15</sup>

## 2. Methods

### 2.1. Designing the study

Rheumatology and rehabilitation medicine clinicians with prior clinical experience with this population served as key informants when designing the study. The yoga study is a follow-up intervention to a descriptive study by Wallen et al. examining the diverse

health beliefs and behaviors among primarily African-American and Hispanic patients receiving rheumatology care from the same NIAMS CHC.<sup>16,17</sup> The Wallen study highlighted the importance of cultural compatibility in research through the comment from one participant, “Where are the people who look like me?” This comment served as a reminder of the importance of the creation of a research team which reflected the diverse cultural background of the study population. A multicultural research team was assembled which included Black (American, West African and West Indian), bilingual (from Central and South America, Mexico, and Puerto Rico), and non-minority researchers and clinicians.

Two bicultural interpreters<sup>18</sup> were hired as research assistants to assist with language and cultural barriers. Their cultural understanding helped to maintain research integrity and negotiate concepts not easily translated between languages; which most likely enhanced the willingness of participants to respond and enroll onto the study.<sup>18,19</sup> Both participated in recruitment and enrollment, translated in all yoga classes, and provided follow-up calls as needed, to provide a sense of continuity.

The study used Hatha yoga and follows the format of a previous randomized research study *Yoga for Arthritis*, conducted through Johns Hopkins University.<sup>1</sup> Bilingual yoga classes were held for 60 min biweekly, over an eight week period, at a yoga studio in Washington, DC. Classes included deep breathing, relaxation, meditation, poses for strength, flexibility, and balance. Additional details can be found in the protocol article.<sup>10</sup> Participants were encouraged to develop a home practice based on poses taught during each yoga class. All participants received yoga equipment and bilingual manuals with pictures of the poses to facilitate home practice.

### 2.2. Recruitment and data collection

Patients were referred by rheumatology and physical rehabilitation medicine clinicians, who were already familiar with their care. All patients enrolled onto the study were medically cleared to participate in light to moderate exercise, were 18 years of age or older, and had a diagnosis of either osteoarthritis or rheumatoid arthritis. Detailed eligibility criteria can be found in the protocol article.<sup>10</sup> Approval to conduct the study was obtained through the National Institute of Diabetes and Digestive and Kidney Disease (NIDDK)/National Institute of Arthritis and Musculoskeletal and Skin Disease’s (NIAMS) intramural institutional review board (IRB).

Personal journals and semi-structured open-ended exit interviews were selected to ensure the participant’s perspectives were effectively captured. This methodology encouraged a dialog which allowed for the discovery of new themes, as opposed to closed survey questions that might limit participant responses. A qualitative approach was viewed as a less intimidating approach to give a voice to those typically under-represented in research.<sup>20</sup> Bilingual journals (Fig. 1) were used to record the frequency and duration of home practice sessions, and observations while on the study. Narratives<sup>21</sup> were used to capture participant perspectives, beliefs, and motivations underlying their participation in the study. Spanish narratives were translated and transcribed into English by the research assistants, then verified using team translation. Team translation provided the opportunity to clarify meaning over verbatim translation, to minimize bias;<sup>14</sup> and to provide more succinct translations. For example the journal entry, “*Me gustaria tener mas energia y animo*” was originally translated as “I would like to have more energy and motivation”. A second native speaker suggested “motivation” was adequate for *animo* but it could be more precise to use “drive,” “spirit,” or “liveliness.”

Semi-structured exit interviews were conducted, in English and Spanish, regarding: i) opinions of yoga classes and location; and ii) perceptions of class design (bilingual, multi-ethnic teachers, classes with others with arthritis); iii) willingness to recommend

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