

JANE ELIZABETH BERGLAND, PhD, RN,
LORETTA HEUER, PhD, RN, FAAN AND
CHERYL LAUSCH MS, MA, RN

Abstract: *Praying for issues related to health can be a very important aspect in peoples' lives. Since research on this practice is limited, a qualitative study was conducted that explored the use of prayer in Hispanic migrant farmworkers diagnosed with type 2 diabetes. Eighteen farmworkers were interviewed and asked two specific questions with multiple probes to elicit information regarding their religious practices and prayer. Responses regarding religious practices were extremely limited whereas the farmworkers expounded on the question relating to prayer. Three main themes emerged: 1) Farmworkers used prayer in their daily lives; 2) Farmworkers prayed for themselves and their family; and 3) Farmworkers recited prayers specifically for their diabetes.*

Key Words: *Diabetes, Type 2 Diabetes, Prayer, Diabetic Lay Educator, Hispanic Migrant, Farmworker*

THE USE OF PRAYER BY HISPANIC MIGRANT FARMWORKERS WITH TYPE 2 DIABETES

Prayer is central to the particular concept of spirituality which is noted by many cultural care theorists as being a vital component in the understanding of peoples' health care practices and should not be ignored by health care providers (Spector, 2004; Leininger & McFarland, 2006). Religious involvement can affect physical symptoms, quality of life, and patients' willingness to receive treatment (Lee & Newberg, 2005). "Thus, the health-care practitioner, who is aware of the client's religious practices and spiritual needs, is in a better position to promote culturally competent health care" (Purnell & Paulanka, 2003, p. 33).

Jane Elizabeth Bergland, PhD, RN, is an associate professor in the Nursing Department at Minnesota State University Moorhead. Dr. Bergland may be reached at 218-477-4697 or E-mail: berglaja@mnstate.edu. **Loretta Heuer, PhD, RN, FAAN**, is the 2002 RWJ Nurse Executive Alumni Professor at the University of North Dakota College of Nursing, and Collaborative Coordinator at Migrant Health Service, Inc. **Cheryl Lausch MS, MA, RN**, is a research consultant in the Migrant Health Service, Inc.

Historically, the invasion by Roman Catholic Spaniards in the region now known as Mexico ignited a change in the social structure of religion. The influence of the Roman Catholic Spaniards can be seen today in many Mexican American families where religion is embedded in their daily lives (Leininger & McFarland, 2002). For example, many family homes have altars with a statue of the Virgin Guadalupe, pictures of saints and lit candles. These altars are often the focal points of the home (Spector, 2004). During this study, when participant interviews were conducted in the home, the researchers noticed there was a small area devoted to religious expression. These observations are consistent with Leininger's and McFarland's (2002) findings that religiosity is evident in Mexican American homes where pictures of Jesus or the Virgin Mary, and statuary are commonly found. This is also the area where families will light candles and pray for their health and the health of others (J. Hines, personal communication, July 19, 2007).

Current data indicate Hispanics are more likely to suffer from chronic health conditions such as cardiovascular disease and diabetes when compared to non-Hispanic Whites (National Council of La Raza, 2007). On average, Hispanic/Latino Americans are 1.5 times more likely to have diabetes than non-Hispanic whites

of similar age. Of Hispanic/Latino Americans aged 20 years or older, 8.2% have been diagnosed with diabetes. Mexican Americans, the largest Hispanic/Latino subgroup, are twice more likely to have diabetes than non-Hispanic whites of similar age (Centers for Disease Control, 2005, p. 5). Spector (2004) notes that Mexican Americans with severe illness, such as type 2 diabetes, are more likely to practice the offering of prayers.

"Though many people practice prayer and believe it affects their health, scientific evidence is limited" (Masters & Spielmans, 2007, p.329). Research from a nursing perspective is also very limited, especially among the Hispanic, migrant population. The purpose of this study was to investigate the meaning that spirituality, specifically prayer, had in a group of Hispanic migrant farmworkers diagnosed with type 2 diabetes. This was done to gain a deeper understanding of their lived experiences. In this manuscript, the term Hispanic is utilized to encompass individuals of Mexican descent.

RESEARCH METHODOLOGY

Design

A qualitative study was conducted in the upper Midwest to explore perceptions of the lived experience of Hispanic migrant farmworkers diagnosed with type 2 diabetes. From this study, the perceptions of how prayer impacted the daily lives of individuals with type 2 diabetes emerged. Interviews were conducted over two consecutive years. Participants were asked two specific questions with multiple probes designed to elicit information regarding religion and prayer. The first question focused on whether or not religion impacted their health. The second question asked more specifically about the use of prayer in relation to their health and diabetes.

Sample

Criteria for selection of participants required that they were Hispanic migrant farmworkers receiving health care services at one of the Migrant Health Service, Inc. (MHSI) nurse-managed health centers in the upper Midwest; have a diagnosis of type 2 diabetes for over one year; were over the age of 18; and planned to return to the upper Midwest within the next two years. This purposeful sample consisted of Hispanic migrant farmworkers who traveled between Texas and Minnesota or North Dakota for employment in agriculture. Eighteen participants participated in the first interview and 11 of those completed the second interview one year later. The decrease in the number of participants in the second interview was a result of a change in their migrant status, family or personal health issues, work related issues, or unknown. Participants were given a gift certificate to an area retailer for participating in the study.

Participants were assured anonymity, confidentiality and the right to withdraw from the study at any time without impact on their care. Permission from the University of North Dakota's Institutional Review Board was obtained. Table 1 describes the demographics of the sample for years one and two (see Table 1).

Table 1. Demographic Characteristics of Study Participants

	Interview 1 (n=18)	Interview 2 (n=11)
Age Range		
29-44	5	3
45-60	10	8
60-74	3	0
Gender		
Male	7	4
Female	11	7
Marital Status		
Married	12	8
Single	1	1
Widow	4	1
Divorced	1	1
Number of Children		
0-3	5	3
4-6	9	6
7-11	4	2
Years since Diagnosis		
1-5	6	3
6-10	8	5
11-15	2	2
16-22	2	1

Data Collection and Analysis

Data were collected via interviews over two consecutive years with Hispanic migrant farmworkers diagnosed with type 2 diabetes. The interviews were conducted by experienced qualitative researchers who utilized bilingual interpreters when a language barrier was evident. These interviews took place in either one of the MHSI nurse-managed health centers or the clients' homes and varied in length from 45 minutes to two hours with an average of one to one and a half hours long. Topics for the farmworker interviews included demographics, personal history with diabetes, standards of care for diabetes, cultural differences and the use of traditional/folk medicine (Heuer, Lausch, & Bergland, 2006).

Each interview was tape-recorded and transcribed in English by an experienced bilingual transcriptionist. Transcripts were reviewed for accuracy with minor adjustments to account for accuracy. All participant responses relating to prayer were extracted by one researcher and confirmed by the other two researchers to ensure no data were inadvertently missed. The responses that included significant statements about prayer were formulated into concepts and meanings which led to the identification of three major themes.

THEMES

During the discovery process of this qualitative research study, three main themes related to prayer

emerged. First, prayer was used in the participants' daily lives. Second, participants prayed for themselves and their family; and third, participants prayed specifically for their diabetes.

Theme One: Farmworkers used prayer in their daily lives.

In Mendelson's (2002) research on Mexican American women's health perceptions, it was discovered that "the participants identified prayer and conversations with God as part of their daily routines and a powerful factor in their perceptions of health..." (p. 215). The findings from the current study also support the practice of daily prayer. One participant shared, "No, no, I always pray. I am Catholic, I always pray, always pray, and it has always helped." While the second participant stated: "When something is wrong you gotta pray." Another participant stated that she prayed "all the time" and another stated, "we're [Catholics] very like that, we pray every day."

It was through the process of prayer that some of these participants felt a sense of contentment as expressed: "I have experienced that when I pray to God and tell Him all my problems, I feel more comfortable as if I were talking to somebody." This is supported by Leininger & McFarland's, (2002), statement that "faith is a major sustainer against the trials of daily life for Mexican Americans" (p. 365).

Associated with the daily prayer was daily symbolism. Many participants wore necklaces of the Virgin of Guadalupe, "I pray and stuff...I always carry this with me [necklace]. It was given to me from my dad when I was nine years old." Daily lighting of candles was also practiced. "Well like we are Catholic you know...I always light up some candles." Another participant stated, "I used to buy candles, you know, a lot of candles and every night we would pray until the candle was gone and it helped a lot." Researchers support findings that the relationship of prayer and symbolism exist in most Mexican American homes where there is an altar consisting of a picture or statue of the Virgin of Guadalupe and candles where prayers are said several times each day (Purnell and Paulanka, 2003).

Theme Two: Farmworkers prayed for themselves and their family.

Faith and church remain powerful sources of hope and strength in the Hispanic community (Kemp, 2005). Therefore, it was not surprising when the responses relating to prayer were not limited to the individual participants. Many of them included their family in their prayers. Examples included:

"[I pray about] my children and my family and all that you know."

"I ask God to help us [family] out and he does."

"I tell my God to help them [family]...so they can have a better life...and for their kids, you know."

Within the Hispanic culture, there is a strong identification with one's family and strong feeling of support where they rely on their extended family network and become involved in intergenerational helping (Niska, 1999). In this research, two female participants discussed how family praying was generational. "I'm the one that mostly does that [praying] myself for the family. I've always done that because of my grandmother." The following quote also represents the generational value of family prayer.

I raised my kids so that even when they were little and went to day care, they would say the prayer. We did the same thing when they were in school. Now they're all grown up, and when they are going to go back to Texas or go to work, they still do that [pray]. To my family, that's very important.

"Throughout history, people have used prayer in relation to their own health and the health of others" (Jantos & Kiat, 2007, p.53).

Theme Three: Farmworkers recited prayers specifically for their diabetes.

Overwhelmingly, the Hispanic migrant farmworkers who participated in this study utilized prayer in the care of their type 2 diabetes. From the initial interviews, fourteen of the eighteen participants had clear responses that prayer helped their diabetes in some way. When asked if participants prayed for their diabetes, some answers were a simple "yes" to "I pray that God helps me. For me, I believe first it is God, then doctors, then medications." This statement is congruent with findings in a study by Hunt, Arar & Akana (2000) who researched the perceptions of prayer in a group of Mexican Americans with type 2 diabetes. In their study, one of their participants believed that "...you have to pray. God gives us the doctors and the medicine so that they can help us" (p. 4).

A participant in the current study relayed that his type 2 diabetes was so severe that "...last year they told me I might go blind. But I prayed to God and he helped me." When asked about prayer and diabetes, another participant responded that "I read the bible and I cry...it helps me to believe in God." Overall, participants did not identify prayer as a cure for their diabetes but rather as an identifiable spiritual intervention.

Fourteen participants were "praying every day" for their health and diabetes. In some cases they were praying about their diabetes "two times a day, or three or four." Nine of the eleven female and three of the seven male participants prayed everyday. Adam's (2003) research demonstrated that Latinas (female Hispanics) with type 2 diabetes viewed religion as part of an external support system where they would pray for better health. Women are especially involved in health care and personal decision-making so they play a key role in these areas (Guasasco, Heuer, & Lausch, 2002; Kuipers, 1999).

Although the majority of participants actively prayed, four from the first interview, two male and two female, frankly stated "No," praying about their health

and diabetes was not part of their health practice. One of those participants stated, "No. I had it coming. I've got myself into it [type 2 diabetes]." Another participant went to "church once and a while...for a wedding," but otherwise he "really didn't pray much." Another participant reported that he "didn't even know how to pray."

Participants who took part in the second interview confirmed their belief in prayer with one participant summarizing prayer "[helps] it does, I know that it does." Two participants, one male and one female, who had previously stated they did not pray about their diabetes during the first interview, stated in the second interview they prayed for other things such as their "sons, so they can have a better life" and for relief from a "headache...I ask [God] if he can give me a couple more years, I have my kids I want to see get married."

None of the participants stated God caused their diabetes or that it was a result of some wrongdoing in their life or a family member's life. Nor did they state that they used prayer for some miraculous cure. Instead their perceptions were that prayer was used daily as they personally lived with their diabetes. Hunt and others (2000) study with 43 Mexican Americans also found no patients who thought prayer or God's help could replace medical treatment.

DISCUSSION

Religious values shape one's world view and behavioral patterns (Leininger & McFarland, 2002). It was not surprising that the research demonstrated the value placed on the practice of prayer among these Mexican American migrant farmworkers diagnosed with type 2 diabetes and their families. As a result, when individuals become ill or suffer declines in their health or functional status, they may be more likely to seek divine comfort and help in coping with their illness (Masters & Spielmanns, 2007). In this study, it was evident that the farmworkers valued prayer and practiced it in their daily lives. "Open dialogue with patients may encourage disclosure of important spiritual beliefs and practices that ought to be documented in clinical notes" (Jantos et al., p.53). Therefore, it is incumbent upon health care practitioners to be cognizant of religious influences in the lives of Hispanic migrant farmworkers diagnosed with type 2 diabetes. Providers, who lack an awareness or sensitivity about the farmworkers' religious practices, may be perceived as offensive which would undermine therapeutic relationships.

Assessing Hispanic migrant farmworkers' use of prayer is essential in coordinating their plan of care for diabetes management. The way Hispanic adults view disease helps explain the factors that motivate these individuals to seek medical attention and influences their choice of educational information (Zaldivar & Smolowitz, 1994). If a program model incorporates the perceptions that spirituality, particularly prayer, play in this population, there is likelihood that improved health outcomes would be enhanced (Adams, 2003). Health care providers need to be aware of differing religious values, beliefs and practices. They should employ every effort to bridge the gap between health care provider

knowledge and patients' religious practices (Betchel, Shepherd & Rogers, 1995). In the health care setting, providers need to: a) ask questions about religion and prayer as it pertains to the patients' daily lives as opposed to simply asking a single demographic question identifying a specific organized religion, b) provide the opportunity for patients to describe their personal religious practices as they relate to health, c) allow patients to have religious items in their room when hospitalized, and, d) encourage prayer or praying with patients and families as appropriate. These Hispanic migrant farmworkers with type 2 diabetes incorporated prayer into their daily lives. Thus, interventions must include prayer for family as well as the patient.

Religion and prayer have been an integral part of Hispanic families' lives for centuries. Research that connects prayer to health outcomes is in its formative stages. Studies should be conducted in the areas of frequency and content of prayer, and prayer as a coping strategy in the management of chronic disease, such as diabetes. Furthermore, not only should observational and descriptive methods be utilized, experimental research must be conducted. It is only through the utilization of all of these methods that health care providers can come to a further understanding of the implications prayer has on health outcomes.

REFERENCES

- Adams, C. (2003). Lessons learned from urban Latinas with type 2 diabetes mellitus. *Journal of Transcultural Nursing, 14*(3), 255-265.
- Ayonrinde, O. (2003). Importance of cultural sensitivity in therapeutic transactions. *Disease Management of Health Outcomes, 11*(4), 233-248.
- Betchel, G., Shepard, M., & Rogers, P. (1995). Family, culture, and health practices among migrant farmworkers. *Journal of Community Health Nursing, 12*(1), 15-22.
- Center for Disease Control. (2005) National diabetes fact sheet: General information and national estimates on diabetes in the United States. Retrieved March 2, 2006, from <http://www.diabetes.org/uedocuments/NationalDiabetesFactSheetRev.pdf>
- Guasasco, C., Heuer, L., & Lausch, C. (2002). Providing health care and education to migrant farmworkers: Nurse managed care clinics. *Nursing Education Perspectives, 23*(4), 166-171.
- Heuer, L., Lausch, C., & Bergland, J. (2006). The perception of diabetes lay educators working with migrant farmworkers. *Online Journal of Rural Nursing and Health Care, 6*(1) [online]. Available: http://www.rno.org/journal/issues/VOL-6/issue-1/Heuer_article.htm.
- Hunt, L., Arar, N., & Akana, L. (2000). Herbs, prayer, and insulin use of medical and alternative treatments by a group of Mexican American diabetes patients. *Journal of Family Practice, 49*(3). Retrieved October 30, 2005, from <http://www.jfponline.com/AdvSearch.asp>
- Jantos, M. & Kiat, H. (2007). Prayer as medicine: How much have we learned. *Medical Journal of Australia, 186*(10), S51-S53.
- Kemp, C. (2005). Mexican & Mexican Americans: health beliefs and practices. Retrieved September 19, 2005, from http://www3.baylor.edu/~Charles_Kemp/hispanic_health.htm
- Kuipers, J. (1999). Mexican Americans. In J. Newman Giger & R. E. Davidhizar (Eds.), *Transcultural nursing assessment and*

- intervention*. (3rd ed., pp. 203 - 235). St. Louis, MO: Mosby.
- Lee, B. & Newberg, A. (2005). Religion and health: A review and critical analysis. *Zygon*, 40(2), 443-468.
- Leininger, M. & McFarland, M. (2002). *Transcultural nursing: Concepts, principles, theory, research, and practices* (3rd ed.). Ohio: McGraw-Hall.
- Leininger, M. & McFarland, M. (2006). *Culture care diversity and universality* (2nd ed.). Ohio: McGraw-Hall.
- Masters, K. & Spielmans, G. (2007). Prayer and health: Review, meta-analysis, and research agenda. *Journal of Behavioral Medicine*, 30(4), 329-38.
- Mendelson, C. (2002). Health perception of Mexican American women. *Journal of Transcultural Nursing*, 13(3), 210-217.
- National Council of La Raza. (2007). Hispanic health data. July 19, 2007 from http://www.nclr.org/section/hispanic_health_data_indicators/
- Niska, K. J. (1999). Mexican-American family processes: Nurturing, support and socialization. *Nursing Science Quarterly*, 12(2), 138-142.
- Purnell, L. & Paulanka, B. (2003) *Transcultural health care: A culturally competent Approach* (2nd ed.). Philadelphia, PA: F. A. Davis.
- Spector, R. (2004). *Cultural diversity in health and illness* (5th ed.). Upper Saddle River, NJ: Prentice Hall Health.
- Zaldivar, A. & Smolowitz, J. (1994). Perceptions of the importance placed on religion and folk medicine by Non-Mexican-American Hispanic adults with diabetes. *The Diabetes Educator*, 20(4), 303-306.

Acknowledgements: *This research project was supported by an Otto Bremer Grant from the Otto Bremer Foundation, St. Paul, Minnesota. The program was funded by the Rural Health Outreach Grant # DO 4RH 00251-03 from the Office of Rural Health Policy, Health and Human Services, Rockville, MD. Gratitude is expressed for research and technical assistance of Andrea Olson, Chronic Disease Coordinator and Kristi Jacobson, Research and Enrollment Facilitator.*

Award: *Migrant Health Services, Inc. Diabetes Lay Educator Program was the 2003 recipient of the National Rural Health Association's Outstanding Rural Health Program Award.*

Copyright of Journal of Cultural Diversity is the property of Tucker Publications, Inc. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.