Two years ago, at the inception of this Diabetes Research – Open Journal, I wrote an opinion article for the inaugural issue about the need for articles targeting secondary prevention.1 The journal has grown to provide many quantitative research articles that deal with important issues for managing tertiary issues, thus providing statistically significance current research. However, I failed to convince both the researcher and reviewers about the important of qualitative research.

I have published quantitative biomedical research linking heart rate to blood sugar, to find a non-invasive method of evaluating blood sugar.2-9 Since the first article was published in 2006, which disseminated the research through international and regional biomedical engineering conference proceedings, the studies have triggered both intensive inquiries and additional new research in this area.

Quantitative research provides the best science, but the outcomes may not empower people with diabetes to deal with the daily management of the continuous challenges they face with diabetes. More research must be completed that qualitatively adds to the body of knowledge that provides needed insight into what motivates and aids people to willingly change their routines, to incorporate every aspect of diabetes self-care into their lives. We all can agree how important initial adherence to recommendations by medical practitioners is when preventing the myriad of unfortunate complications of diabetes. Tertiary prevention is like attempting to put out a blazing fire in a forest while it is occurring, rather than blowing out the match that started the devastation. Early intervention has been proven to be the key to prevent diabetes complications.10,11

Further, the use of mixed-method methodologies crosses both domains and allows researchers to see both the objective data proving statistically significant change in behavior(s) as the result of a treatment program, while also providing insights about the lived experience of individuals and groups that participated in the programs.12-14 Survey research is useful when it has well-written pretested and statistically significant questions that can analyze issues for large groups, by reporting and comparing groups by age, sex, race, and income levels, etc.15,16 There is also a place for single case study research, though not generalizable, it creates deeper understanding of the issues that may prevent adherence for one person or one group at a time.17,18

I can share that it was my personal experience of living with type one diabetes that best helped me to design and shape experiential programs for individuals.15,16 When first diagnosed, I skipped the hospitalization and the certified diabetes education classes. Instead, I learned about diabetes as a counselor of 5-year-old girls, while living at a residential diabetes summer camp nearby my home. It was the two-week immersion experience of “learning by doing” (a core principle of my occupational therapy profession) that facilitated learning about diabetes, while helping others, which made me stand strong. In addition, as I inquired about the challenges that Mexican-American elders faced, my research allowed me to design, write a program workbook, and develop a peer-led organization to help people who were non-adherent to take better care of themselves, even though I was from a different age and culture.19,21 In addition, I designed and evaluated diabetes education programs within a familiar nursing model...
using lay health workers called promotores (promotors) from the community to teach diabetes education concepts to people with depression.22,23

In conclusion, I am encouraging researchers to submit all levels of research to this journal. Restated, there is a place for each form of research because each form contributes something unique. Although qualitative research cannot be generalized, it must be said that all people are truly different and the many forms of this type of inquiry can potentially help researchers to design better treatment approaches that can change the future for people with diabetes.

CONFLICTS OF INTEREST

The author declares not to have any conflict of interest.

REFERENCES


