

Challenges of Living and Coping with Diabetes among Staff of the University of Nigeria, Nsukka

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Abstract

Diabetes is a global health issue that has serious consequences on the patients and the entire family, especially in Nigeria. This study identifies the challenges of living with diabetes and the coping strategies adopted by staff. An in-depth interview guide was used to collect data from eight tutorial and non-tutorial staff of the University of Nigeria, Nsukka Campus. An interpretative phenomenological approach was used in analyzing data to describe the lived experience of research participants. It is used to describe one's viewpoint and to understand how people interpret their experience. The findings showed that family stress, low financial resources, and psychological problems amongst others are challenges patients with diabetes face while seeking social support. Networking via knowledge search for a healthy lifestyle and integration were found to be coping strategies that will help a patient live a healthy life. The study concluded by recommending that the government should subsidize all their drugs so that they can be affordable. Patients should also seek the professional support of social workers whenever they feel that their emotional peace is at risk.

Keywords: Challenges, coping, diabetes, health, lifestyle.

Introduction

Diabetes remains an issue of global health that has impacted people of varying ages, races, and socioeconomic status. It is a chronic and complicated metabolic illness that has an effect on a person's physical, social, mental, and psychological well-being World Health Organization (2016). According to Landstra & Koning (2021), diabetes is a long-term condition in which blood sugar levels are out of balance due to insufficient insulin in the body. The illness manifests as fatigue, thirst, frequent urination, dehydration, and weight loss, among other symptoms. In majority of the time, it leaves victims weak and powerless. As a chronic condition, it necessitates ongoing medical attention as well as patient education in self-management to prevent complications and diminish the incidence of long-term complications WHO (2016). According to Onyishi et al. (2021), living and working with diabetes has become a huge threat to the world's civilization because people with diabetes have a harder time

living a normal life in society, are more dependent on medical and nursing care, have fewer opportunities to socialize with friends and family, and have to adjust their lifestyle. He argues that diabetes has several complex physiological, psychological, and social consequences that make it difficult to manage, unlike other diseases that only require medication.

Globally, the prevalence of diabetes has steadily climbed from 422 million in 2014 to 463 million in 2019, and it accounts for 10% of the country's yearly expenditures on the adult population. According to the WHO (2020), 700 million individuals will be affected globally by the disease by 2045. Over 4 million people die from diabetes each year, which has severe repercussions for individuals, societies, and nations. Similarly, data from sub-Saharan Africa (SSA), there were 15.9 million cases of diabetes mellitus in 2017 and it is expected to affect 40.7 million individuals by 2045 (Mercer et al., 2019). According to Odularu and Ajibade (2021), 1.2 million persons in Nigeria, 841,000 in South Africa, 552,000 in the Congo, 550,000 in Ethiopia, and 380,000 in Tanzania are plagued by diabetes. South Africa, Kenya, Zimbabwe, Nigeria, and Ghana are the top five nations in terms of medical care where diabetes treatment is most expensive (Mercer et al., 2019).

Diabetes among the working population raises issues for society about productivity and the cost of healthcare. When a person of working age develops diabetes, the financial burden of the condition includes the productivity lost as a result of the illness and its complications, in addition to the issues associated with healthcare costs. According to Beran et.al., (2010), diabetes is linked to major side effects including heart disease, stroke, blindness, kidney disease, nerve damage, and amputations that result in disability and early death. Due to working days missed, these issues may have an impact on a person's capacity to perform their job efficiently and cost the economy money (Quan et al., 2017). According to Bevan (2010), people with diabetes have a sickness absence rate that is 2-3 times higher than that of the general population. Diabetes patients are five times more likely to acquire cardiovascular disease, five times more likely to experience heart failure, and at least 15% of diabetics' deaths (Fan, 2017).

The workplace has a great deal of potential to affect how employees manage their diabetes, given the growth in diabetes among working populations and how much time most individuals spend at work. Evidence, however, reveals that rather than encouraging health, the job creates a variety of difficulties for many persons with diabetes. These include the type of job one chooses, interactions with coworkers, bosses, and problems with managing diseases such as challenges with administering insulin, checking blood sugar levels, and having trouble getting time off for appointments. The success of such policies for diabetes has been mixed, according to evidence from the international

literature about the implementation of policies on work adjustment, work-life balance, and health and safety (Ruston et al., 2013).

A psychological strategy called coping, which was developed consciously, is used when someone is attempting to manage difficult and stressful life circumstances. Better job outcomes and employee wellness can result from a supportive work environment. In their study, Albai et al. (2017) note that learning about your rights as a diabetic employee and comprehending the laws and regulations that protect you from being subjected to discrimination in the workplace because of your medical condition can help to create a supportive and understanding work environment. Moreover, research shows that people with diabetes miss work two to three times more than the general population.

For workers to stay healthy and productive, they need to eat nutritious foods. The workplace, where workers gather day after day, is the logical locale to provide nutritious foods to curb hunger and lower the risk of disease. Proper nutrition at the workplace is a win-win-win proposition. People with diabetes should plan for their meals and snacks in advance to ensure they have healthy options available at work. This can help them maintain stable blood sugar levels throughout the day. However, according to American Diabetes (2020), self-monitoring of blood glucose is a crucial part of managing diabetes. Establishing a schedule for medication administration and blood sugar monitoring will help persons with diabetes manage their condition. They should also keep the required supplies (insulin, glucometers, etc.) at a convenient and reachable position at work. Furthermore, Diabetic patients may trek to work as a gateway exercise for people who do not routinely exercise. This type of exercise may be done almost anywhere without the need for any special equipment.

Theoretically, diabetes has projected health-related behaviors that may need to educate and address individuals' current understanding of diabetes appropriately in order not to put individuals in danger, and this may be described using the Dual process theory (Chaiken et al., 1996). Dual process theory which was propounded by Petty and Cacioppo (1986) makes a distinction between heuristic and systematic processing. Much of a patient's education relies predominantly on heuristic processing, through which patients have a rather passive role, mostly listening to healthcare professionals telling them about their illness. In such instances, healthcare professionals are seen as experts who should be listened to and whose advice should be followed. However, the information provided is usually generic and usually easily rationalized as not relevant to the individual. Where attitudes do change, they tend to be surface changes and susceptible to further change in light of other, contradictory information from other "experts," be it health care professionals, relatives, friends with diabetes, or the media. To overcome these issues, dual process theory emphasizes the need to actively involve individuals in the

learning process. This means providing individuals with the least possible information from which to learn. The workshops note, for example, that the problem in diabetes is insulin resistance. Then, through good questioning and analogies (the workshops use the analogy that having insulin resistance is a bit like having a rusty lock on your front door), facilitators support individuals in working out how this information relates to what is happening in their bodies now and in the future (e.g., that because they are resistant to insulin, their pancreas needs to work harder and may then get tired out and start being inefficient). This serves to further the processing of the information they have received but also helps them make informed choices about their diabetes and what they wish to do for the future. At the end of the daylong workshops, individuals set their own goals based on their health assessments and management plans. This emphasizes participants' autonomy and encourages them to make their own decisions about their diabetes management or how to cope with it.

Diabetes has maintained a high rate despite various research to the contrary. The burden of the disease is anticipated to rise along with the number of individuals living with diabetes in the next decades, particularly in emerging nations. In care coordination that is oriented toward the requirements and preferences of patients and their families, social workers play a vital role (NASW 2013). Their benefits are well established for patients with complicated and ongoing diseases for whom institutionalization in long-term care has historically been the best option, including the elderly who face declining autonomy and those with mental health issues. Less is known, though, regarding the precise role social workers play in coordinating care for patients in their places of work who have complicated medical and social requirements (NASW 2013). Social work is a professional service that tries to find ways to increase the quality of healthcare services for individuals at risk age by either providing direct services or in collaboration with community members and other health promotion agencies and organizations. Such can be achieved through empowerment and enlightenment programmes to enable people suffering from diabetes to become financially fit to afford healthcare services. Outreach of medical health care can also be organized by social workers working with health facilities as a way of promoting a healthy lifestyle for working-class people and others in a community who are suffering from diabetes. If prompt action is not taken to assist those who have the disease in overcoming its problems, it will have major effects on the population's health. In Nigeria and much of the developing economies, poverty, ignorance, attribution of symptoms to other myths, lack of tools and basic infrastructure, and inadequate training of health workers are responsible for much of the failure to detect diabetes. They also increase the risk of misdiagnosis and late diagnosis such that the vast majority of patients are diagnosed late, at the complication stages of the disease. That is the main reason why social workers must be

involved through research and practice in finding ways to provide adequate services to persons living with such health concerns.

Many studies have dwelt on the establishment of challenges of diabetes on patients in many countries like Nigeria, Mexico, Pakistan., Canada, Ethiopia etc. as seen in the study (Whittemore, et al, 2019; Ansari et al, 2022; Alanna, et al, 2018; Fidan, et al 2020, Bayem, et al.2019). However, these studies did not give an in-depth interrogation of the challenges of diabetes and coping strategies as well as the social worker's role in tackling the risk associated with diabetes. Therefore, the present study sought to ascertain the challenges facing staff living with diabetes and the coping strategies adopted by staff living with diabetes.

Methods

Study design

This study adopted a qualitative research design using both exploratory and explanatory research methods. This research design was used because, it is efficient, economical, and flexible by researchers in investigating how to cope with diabetes among staff of the University of Nigeria Nsukka.

Study area

The University of Nigeria's Nsukka Campus in Enugu State served as the study's location. The University of Nigeria, a federal university created in 1958 and formally inaugurated in October 1960, is situated in Nsukka, Enugu State. The first indigenous university in Nigeria was the University of Nigeria in Nsukka. There are 102 academic departments and 15 faculties in the institution. According to the 2023 nominal roll that was acquired from the university's personnel department, there are 9,490 employees in total (4,429 are female and 5,061 males).

Sampling procedure and data collection

To give the 15 faculties within the university an equal chance of participating in the study, the researchers selected all the faculties in the University for the Study. This is with the intention of selecting one person living with diabetes in each faculty to be represented in the study. From these faculties, eight persons living with diabetes were purposively chosen to participate in the study leaving out 7 faculties where persons with diabetes were either not found or not willing to participate in the study. Despite the limited sample size (n=8), the qualitative nature of the study is not primarily concerned with statistical representativeness but rather seeks in-depth insights and a comprehensive understanding of the phenomenon under investigation (Nelson, et. al., 2017). Data from the 8 participants was collected using an in-depth interview guide that included 10 questions and probes. Using this, the researcher was able to go deeper into intriguing topics raised by the respondents during the conversation. The researcher created open-ended questions that allowed participants to freely and

in-depth describe their experiences. The depth of the interviews allowed the participants to freely and in-depth describe their experiences. Because interviews were in-depth, which allowed the discussion to shift toward new issues raised by participants that were not initially considered by the researcher (Atkinson, 2007). The information provided by the participants would only be utilized for research and academic purposes. Before the interviews started, they verbally agreed to this, which is in line with the ethical standards for qualitative research (Bryman, 2016; Pittaway et al., 2010). The 35-minute average length of each interview was captured using a smartphone. The University of Nigeria, Nsukka's Ethical Review Board, gave the study its approval.

Data analysis

The researcher transcribed the recorded data in the audio tape after the completion of the interviews. Field notes that captured both verbal and non-verbal clues were given identification codes to relate them to the participants concerned. This was to enable the researcher to capture observation of non-verbal points by linking the audio-recorded interview, field notes, and the researcher's memory of the event. Data collected from the field was analyzed manually without any form of alteration. For data analysis, the researcher played the audio recorder repeatedly and read the transcribed interview and translation notes. The transcribed data were open-coded and started immediately after the translation of the data to avoid memory loss. The coded data were categorized in order to see that codes with similar characteristics are grouped thematically. Thematic analysis is a method of data analysis that helps in arriving at key themes (Creswell & Creswell, 2017; Braun & Clark, 2014). Data were coded using participant identification number, gender and designation to know the source of information. Interpretative phenomenological approach in analyzing data to describe the lived experience of research participants. It is used to describe one's viewpoint and to understand how people interpret their experience (Bennett and Roth 2015). This was made visible in the research findings using quotes to explain the views of respondents to ensure confidentiality and to safeguard the identities of the individuals who participated in the research.

Results

Demographic features of participants

The study used a total of eight (8) participants for the study. Participants, who included both tutorial and non-tutorial professionals from the University of Nigeria, were equally split between men and women. Six participants were married, two widows. More information about the participants is provided in the table below:

Table 1: *Socio-demographic characteristics of participants.*

Gender	Pseudonyms	Work category	Age
Male	NC	Tutorial staff	49
Male	AC	Tutorial staff	55
Male	ND	Non-Tutorial staff	50
Male	NO	Tutorial staff	52
Female	OB	Tutorial staff	47
Female	NA	Non-Tutorial staff	52
Female	KO	Tutorial staff	40
Female	CU	Non-tutorial staff	46

Source: Fieldwork, 2023

Two themes based on the research question for this study were evident in participant's responses in the course of the interview and this is clearly explained in the result section of the study under challenges facing staff living with diabetes and coping strategies of staff living with diabetes. Each of the themes has several sub-themes that elaborate on the lived experiences of study participants

Challenges facing staff living with Diabetes

Challenges that the participants identified that they are facing at work are family stress, low financial resources, not coming to work early, unable to participate in some activities in faculties due to bodily weakness, and poor vision. However, they complained about psychological and emotional problems as the major effects of diabetes.

Family stress

The result showed that stress within the family can lead to increased emotional distress for people with diabetes. Negative emotions, constant tension, or conflicts due to the high cost of living can generate anxiety, depression, or other mental health issues, which may affect the ability to manage their diabetes. Some of the respondents are emotionally supported by their family members which helps them to struggle in managing their diabetes. However, some don't get any support from their families and experience a life of anguish. One participant narrated thus:

My husband doesn't even encourage me or even remind me to take my drugs or help in buying my drugs. I do all the expenses by myself and he will expect me to contribute to the demands in the home, sometimes I woke up in the middle of the night to think of how to meet up with the demands at home and it make me to be depressed and by morning when I check my sugar level it will be too high (CU, F, 46).

Furthermore, the results showed that family stress can influence lifestyle choices, such as meal planning and physical activity, which are crucial for diabetes management, one of the respondents says: “When I attend to all the family financial responsibilities for the month, I don’t have enough money again to buy my drugs and my wife on other hand will not even help out”. Stressful situations may result in poor food choices, irregular eating patterns, or reduced physical activity, all of which can disrupt blood sugar control. This explanation was supported by the participant’s narrative:

I paid my children’s school fees and house rent last two weeks and the money left in my salary I managed to buy the recommended foods; my wife complained that I am buying expensive food. When in actual sense the same food doesn’t even taste nice. So, my heart is really troubled **(AC, M, 55)**.

Psychological and emotional problems

The results also point to the fact that some people living with diabetes undergo diabetes-related distress. The participant reported having experienced mood swings and the situations sometimes present feelings of frustration, anger, stress, and depression. Even though some participant says that they are not having emotional problems but have gone through several psychosocial challenges and have learnt how to prevent or cope with them with time. The participant response is shown below:

Sometimes I act aggressively toward those nearby. Every time I have crises, I get very angry. I even get depressed sometimes I hate myself. I feel very bad because I am the only one that is sick. Everyone else is healthy. **(ND, M, 50)**.

Further expressing the effects of diabetes participants explained that it affects their social life and consequently takes some psychological toll on them.

The sickness weighs me down psychologically, mentally and emotionally. Depression also sets in, when I thoughts about the illness and all that am passing through because of diabetes, my social life becomes affected, and fear sets in whenever I have crisis. Whenever I go for a social function, I don’t feel comfortable because I will always look for where I will ease myself **(NA, F,52)**.

Low financial resources

The findings also showed that living with diabetes may present financial challenges. Even though some respondents explained how they struggle to buy medicine and food recommended as part of their nutritional therapy, others still manage to purchase the required food and medicine. Though some drugs are

provided by NHIS at a subsidy rate they don't provide the major ones that are very expensive **(NA, F, 52)**.

On the other hand, the study shows that some participants face family crises at home when they try to buy all the drugs the doctor recommended and even the food that is required for their healthy lifestyle. A participant responded thus: "There will be problem in the home because my partner will not understand why I did what I did. My partner doesn't show any form of understanding" For participants to maintain peace at home, they opt to buy the general food everyone will eat neglecting their own health demands. The statement below reflects a participant's view:

Am having issues in my house because I told her to contribute money for the children's school fees that I will buy all the drugs and food items the doctor recommended for me, she started calling me names and saying all sorts of things to me because I can't provide all the things needed in the house if I buy my drugs and food I supposed to eat. If only my salary can cover the bills my wife and I will not be having issues **(NC, M, 49)**.

Not coming to work early

The findings showed that complications in diabetes contribute in some of the issues. Diabetes as found in the study can make one weak early in the morning if the blood glucose level is high. And when it happens you will not have the strength to do anything. Result showed that in extreme cases, the person will not do anything for the day if adequate attention is not paid to them. A participant noted:

Sometimes when I woke up in the morning, I will feel very weak that I will go back to my bed. I will be in bed for some hour before I will manage to come to work. And by the time I will reach to the office it will be in the afternoon. **(OB, F, 47)**.

Some respondents said that they experienced healthy lives with diabetes physically but most of the respondents reported that they were weak and they are in and out of hospital. Their immune system is weakened by the day causing their bodies to be vulnerable to infections. They also reported that their lower limbs will be numb both hands and legs, and other parts of their body will be painful sometimes. A participant noted:

I haven't felt the same since I was diagnosed of diabetes. Am always in and out of the hospital. I feel powerless even in the morning when I wake up from sleep. Before I will wake up very early and do house chores even make breakfast and lunch before going to work and still went to work

early but now, I can't even do all that because I don't strength any longer. **(KO, F, 40).**

Poor vision

Most of the participants reported that they felt fatigued and blurred vision. They also experienced swelling legs that they couldn't move around. Some participants reported having these problems even when they took good care of themselves. Below is a participant's response:

I no longer read very well even with my glasses, I do feel as if something is coving my eyes and when I went to the hospital the doctor said I should go that it is because of diabetes that am feeling like that **(NO, M, 52).**

Coping strategies for living with diabetes

Coping strategies that most patients living with diabetes listed during the interview are: Seeking social support, seeking knowledge, Integration with persons seeking a healthy lifestyle, regular exercise, and checking of sugar level every day.

Seeking social support

Most of the participants reported that they talk to someone about how they feel or manage it with a local herb before going to see a doctor. Below is a participant's response:

I do talk to my husband on how I feel each time I have issues because I still don't believe that I have diabetes. I will also go to my pastor for prayers and when it persists then I will go and see my doctor. Sometime talking to people in other to get relief do help me a lot **(OB, F, 47).**

Seeking knowledge

Some of the participants didn't know about diabetes before, the risk factors, or how they would avoid complications. Society needs mass reorientation so that they will not be taking diabetes as a death sentence. A participant responded thus:

The day I found out that am diabetic I have already bought coke 50cl that I will drink because I do eat each meal with a bottle of coke every day. I don't have any knowledge of diabetes because there is nobody related to me that is surfing from diabetes. So, I don't know that one can get it from what he/she eats but now am trying my best to read articles about diabetes **(NA, F, 52).**

Integration

Majority of the participants said that diabetes is the worst thing that has ever happened to them. they find it difficult to adjust to diabetes because it seems to

them that it will eventually stop. Because of the complications of diabetes, they feel that diabetes has ruined their health. A participant put it this way:

I see life differently now and I find it difficult to adjust because I like sugary things. It makes me feel different from everyone because now I have reduced in size and I no longer hang out with my friends because of the sickness. I no longer associate with people because I feel that they will label me because I no longer drink or eat the same type of food with them. **(NA, F, 52)**

Regular Exercise

Some of the participants said that regular exercise helps them to cope with diabetes. But they find it difficult to exercise because most of the time they are weak. One participant noted:

I do find it difficult to exercise because I feel weak most of the time but any day, I managed to go for a road walk in the morning before checking my sugar level, my sugar level will be normal after the road walk and because of that I try as much as possible to go for a road walk either in the morning or evening because it makes me to feel better **(NC, M, 49)**.

Checking of sugar levels every day

Very few of the participants check their sugar level daily. They said that it is very painful to pierce the finger every day to check blood sugar. They noted that sometimes it gives them a sore on the finger. A participant captured the feeling this way:

I do find it difficult to check my sugar level daily. It gives me bp each time I check it simply because I don't know if it will be high or low so I prefer to take my drugs without checking it. **(OB, F 47)**.

Discussion

Diabetes is a chronic illness that can affect people of all ages. According to the World Health Organization (2011), 1.71 million people had diabetes in 2000, and by 2030, that figure is expected to triple. It has been shown that several factors are to blame for this, so it is critical to focus more on living a healthy lifestyle and managing diabetes. This study identifies the challenges associated with having diabetes among the workforce, particularly how to cope with it to live healthy lives. The findings showed that family stress, such as negative feelings, ongoing tension, or disagreements, can create increased emotional distress in people with diabetes and can lead to anxiety, depression, or other mental health disorders that may compromise their capacity to manage their diabetes. Consequently, the finding was in agreement with the study by Herzer et al., (2010) which revealed that those patients with diabetes who experience high levels of family conflict, and hence family stress, show poor adherence to

treatment and poorer glycemic control. From the present study, it was found that stress leads to an increase in emotional distress for people with Diabetics. A similar study which was conducted by Riazi et al., (2012), supported this study by indicating that stress influenced glycaemic levels in diabetics patients in different ways.

Again, the report on financial difficulties shows that diabetic patient face challenges in providing their drugs and food even when NHIS subsidy some of their drugs. The findings of the American diabetes association (2015) stated in agreement with the findings from our study that diabetes often adds a financial strain to families with or without insurance, the extra loss of medication and doctor visits may be overwhelming, individuals with diabetes spend more on annual medical costs than individuals without diabetes. Likewise, the findings of Arslan, et al., (2020) found that as income levels decreased, the patients encountered more challenges. The costs associated with the disease condition have a negative impress on the finances of these respondents and this is majorly due to the general economic structure where the cost of healthcare is lightly subsidized and degrading economic status is plaguing the income of the respondents. The cost of medical services is also too high for the respondent's limited income. Manickum, et al., (2022) in their study supported the findings that complications arising from diabetes are detrimental to the well-being of the affected individuals which are caused by medical and rehabilitative costs that come with hospitalization, and financial demands on the health system.

The findings showed that seeking social support helps them to cope with diabetes. Findings by Ramkisson et al.,(2017) supported our findings when they reported that social support and coping are inversely related, suggesting that increasing social support is linked to a reduction in emotional distress and that healthcare professionals should consider psychosocial variables in the patient's treatment plan. This finding aligns also with a study by Luo et al., (2023), which reported that social support can directly influence the quality of life among diabetics' patients. He went further to state that social support can help patients maintain a positive mood, lower their stress response, greatly enhance their social and psychological conditions, and significantly improve their quality of life. The findings showed that the participant sometimes experienced mood swings and the situations presented feelings of frustration, anger, stress, and depression. This finding aligns with a study by Adu et al., (2019) which revealed that the process of diabetes management could be so demanding, that the subject could experience anger, frustration and discouragement without family support. A diabetes-related conflict may occur in the course of time with

loved ones and relationships with health care providers may become strained. The risk of depression can be high.

Findings also show that participants reported that knowing diabetes and its complications, is very useful as they are now trying hard to avoid anything that will aggravate the diabetes. This is congruent with the findings of Desalu et al., (2011), which revealed that among diabetes patients in the South-west of Nigeria, poor adherence to diabetic medications is caused by poor knowledge and practice of diabetic self-management. Similarly, this finding is in agreement with Owolabi et al., (2022), which revealed that despite diabetes being a major public health concern, patients' knowledge of various components of diabetes care, such as dietary practices, glucose testing, exercise, insulin use, complications identification, and screening, has been reported to be low. Thus, the dual- process theory which served as the theoretical framework for the study is in agreement with the above findings which revealed that lack of knowledge or not putting the knowledge into practice will continue to increase the diabetes burden. Therefore, patients with diabetes must be equipped with sufficient knowledge on challenges and coping strategies for diabetes through education materials. Diabetes is demanding and challenging so people with diabetes should have knowledge of how to manage and cope with the illness and make decisions that will help them live a healthy life.

The findings of this study have significant policy and practice implications for Nigerian social workers. High levels of stress are more likely to affect employees with diabetes as a result of job function mismatch brought on by demand-ability misfit. As a result, many of these employees could feel hopeless and anxious if they are unable to manage their sugar levels. These institutions as Okafor et al, (2017) postulated, need to employ social workers who can assist personnel in making decisions that will help them comprehend their health challenges and how to manage them. In Nigeria today, few people are aware of the capabilities of social workers. Designing, putting into practice, monitoring, and maintaining work stress policies in Nigerian organizations are within the purview of social work. Social workers can be contacted or integrated into firms' human resource teams as experts in policy. This is due to the fact that social workers are generalists with knowledge that may assist society in addressing a variety of social concerns, such as the management of health problems. In order for social workers in Nigeria to efficiently perform their tasks, the government must also recognize their profession by giving them the proper positions in a variety of settings. It is not enough for the government to sign into law the professionalisation of social work they should also set up the council that will govern the process and facilitate its smooth running. As Okoye

(2019) noted, social workers should not be substituted with professionals in related fields like sociology or psychology because they all serve different purposes.

In Nigeria, diabetes is spreading at a rapid rate. It has been discovered that this has major psychological, emotional, and mental effects on the patients and threatens family stability, their mental health, and their children's well-being either now, in the future and in their work lives. This study helped to highlight the difficulties diabetic individuals face and the coping mechanisms that can help them live healthy lives. It is recommended based on the findings that government should help set up educational and awareness creation programmes on diabetes management and prevention. This can be done in collaboration with social workers who are equipped to carry out such sensitization programmes. Employers should also be required to employ social workers who can provide support to the employees especially those with health challenges like diabetes. This will enable the organization to have staff that will give their optimum service. Finally, the government should as much as possible provide all necessary support to social workers in Nigeria so that they can give their best to the citizens in all areas of life. This study has its limitations. As a result of the qualitative nature of this study, the results have limited generalizability. Another limitation is that the study focused on challenges and coping with diabetes only by the staff within the University of Nigeria, and not elsewhere where people may have different experiences. Therefore, there is a need for further studies in this regard, which could cover broader regions.

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