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A study of coping response among diabetic people.

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Abstract: The purpose of the study was to investigate the gender difference on coping response of diabetic people. Coping is related to mental health and physical health outcomes nevertheless cultural and societal differences may influence its nature and structure. In the present study the Coping Responses inventory –Adult form (CRI-A) is used as an instrument. A sample consist of 60 individuals (30 male and 30 female) of age between 40 to 50 from Ahmednagar city were selected by using purposive sampling method. Gender difference were studied by using ‘t’ test. The result shows that there are significant gender differences on Logical Analysis (2.256), Positive Reappraisal (2.013) and “Problem Solving (2.371) of diabetic male and female. Whereas no gender differences found on Seeking Guidance and Support and Cognitive Avoidance, Acceptance or Resignation, Seeking Alternative Rewards and Emotional Discharge.

Index Terms: Coping response, Diabetic people.

Diabetes is a group of condition characterized by a contextual of insulin sensitivity and a failure of pancreatic insulin secretion to compensate for this; it is diagnosed clinically by elevated plasma glucose levels, which are frequently found in association with obesity and other metabolic abnormalities such as dyslipidemia as well as endothelial and cardiovascular dysfunction. Lifestyle or genetics, both of which have been invoked to varying degrees to explain ethnic disparities in disease prevalence and outcomes. There is a solid body of literature showing the importance of conventional risk factors for diabetes however in spite of interventions based on these conventional risk factors the incidence of diabetes continues to rise. The amount of literature examining this relationship remains limited and, conceptually, the link remains largely unrecognized; this is surprising when one considers the large amount of stress – related literature in diabetes management. Patients with diabetes have a variety of emotional reactions, such as shame, fear, shock, and guilt.

Notably, insulin therapy in particular may be associated with increased psychological distress. Emotional problems such as depression or diabetes –specific distress might complicate the required self-management of the disease and limit the persons’ management of self-care activities like exercise, diet and rest necessary to achieve adequate glycemic control. Managing diabetes can be hard. Sometimes you may feel overwhelmed.

Living with diabetes means coping with the routine of dietary management, physical exercise and periodic testing. Patients following a diabetic regimen are faced with several unique psychological and behavioral changes. The regimen involves many daily behavioral tasks as well as changes in basic life habits, such as diet and exercise, all of which must be performed throughout life. Having diabetes means that you need to check your blood sugar levels often, make healthy food choice, be physically active, remember to take your medicine, and make other good decisions about your health several times a day. In addition, you may also worry about having low or high blood sugar level, the costs of your medicines and developing diabetes –related complications, such as heart disease or nerve damage. Perhaps most important from a psychological and behavioral perspective, the patients must adhere to the demanding requirements of diabetes managements while knowing that the eventual onset of complications is almost inevitable. Thus, diabetes management calls for a change in the patient’s habits and life style.

According to Folkman and Lazarus (1980); Folkman et. Al (1986); Monat and Lazarus (1991) Coping has been defined as an individual’s efforts to use cognitive and behavioral strategies to manage and regulate pressures, demands and emotions in response to. Two categories of coping behavior have often been referred to in the literature: problem-focused and emotion-focused coping. Problem-focused coping, including planning and active coping, has been defined as behavioral and cognitive efforts to alter or eliminate a stressor. In contrast, emotion-focused coping, which is generally considered to be less effective than problem-focused coping, is aimed at changing emotional responses to the stressor. Examples of emotion-focused coping include venting, positive reappraisal, rumination, and self-blame. Though emotion-focused coping is often described as less effective than problem-focused coping, under certain circumstances, emotion-focused coping may be more productive than active coping responses (e.g., when a stressor cannot be changed). One example of an adaptive emotion-focused self-regulatory strategy is positive reappraisal, which is associated with lower levels of negative.

OBJECTIVES

1. To Measure coping response of diabetic male and female.
2. To compare coping response of diabetic male and female.

REVIEWS OF LITERATURE

Grey, Boland, Davidson, Li, & Tamborlane, 2000). Grey and her colleagues reported that adolescents who practiced intensive diabetes management and received coping skill training had lower A1c levels, had more confidence in their ability to manage their diabetes and reported less impact of diabetes on their quality of life than adolescents who practiced intensive management but did not receive coping skill training.

Grova K. et al., (2000) To investigate the relationship between illness perception and self- efficacy expectancies, and to study their relationship and combined role in explaining treatment adherence and metabolic control in young patients. 64 type -1 diabetic patients/Quantitative study. Illness perception components like control, identity and consequences were significantly correlated with self-efficacy expectancies. Control beliefs were associated with treatment adherence. Patient 's beliefs significantly predicted the physiological and psychological outcome of diabetes self-management.

Sircar, Sircar, and Misra, (2010) To evaluate the concept and attitude of patients toward diabetes, its complications and treatment. It also focused on the immediate family member 's perspective 654 patients (Type 1 and 366 Types 2 diabetes and pancreatic diabetes). Interview method Lack of awareness about diabetes and its complication among the people with diabetes. Misconceptions about diet, exercise, and insulin therapy. Lack of awareness and misconceptions had a too statistical relationship with the educational background of patients. Denial was also observed especially in obese cases.

Paddison, (A.M. et al., (2012) To study the relationship between illness perceptions and diabetes related distress 615 type 2 diabetes patients/ Qualitative and Quantitative research. Making sense of diabetes may be helpful for managing the emotional complications of diabetes. Illness Perceptions (Timeline Cyclical and Consequences) positively predicted diabetes related distress. Illness Perceptions (Coherence) negatively predicted diabetes related distress.

HYPOTHESIS

1. There will be significant difference between diabetic male and female in response with "Logical Analysis".
2. There will be significant difference between diabetic male and female in response with "Positive Reappraisal".
3. There will be significant difference between diabetic male and female in response with "Seeking Guidance and Support".
4. There will be significant difference between diabetic male and female in response with "Problem Solving".
5. There will be significant difference between diabetic male and female in response with "Cognitive Avoidance".
6. There will be significant difference between diabetic male and female in response with "Acceptance or Resignation".
7. There will be significant difference between diabetic male and female in response with "Seeking Alternative Rewards".
8. There will be significant difference between diabetic male and female in response with "Emotional Discharge".

METHOD**Variable**

I.V.: Diabetic male and female

D.V.: Coping Response

Sample:

As a sample 60 participants suffering for diabetes were selected, in which there were 30 male and 30 female of age between 40 to 50. The data were selected from Ahmednagar city of Maharashtra state. The data were collected through online and offline mode. A purposive sampling method was used for the same.

Data and source of data

- **Coping Response Inventory by Rudolf H. Moos (2004)**

Moos (2004) has created the Coping Responses Inventory (CRI-A) each divided by two parts of this (CRI-A) test. Part 1- There are 10 questions in the first part of this test. There are 4 options for each question. For example, Circle "DN" (DEFINITELY NO), if your response is "MN" (MAINLY NO), if your response is "MY" (MAINLY YES), and if your response is "DY" (DEFINITELY YES) want to select one of the options. Part 2- There are 48 items in PART2 remember to mark all answers on the answer sheet. Please answer each item as accurately as you can. Again 4 options for each question. Circle "N" if your response is (NO NOT AT ALL). Circle "O" if your response is (YES ONCE OR TWICE), Circle "S" if your response is (YES, SOMETIMES), and Circle "F" if your response is (YES, FAIRLY). Want to select one of the options for each question. Coping response inventory reliability (internal consistencies) of the factors were estimated using Cronbach's alpha. Alpha coefficients for men Approach and Avoidance were .67 and .72 & for women Approach and Avoidance were .64 and .58 respectively.

statistical tools**RESEARCH DESIGN**

Two groups were researched in the present topic. And their comparative study was done.

Group	N
Diabetic Male	30
Diabetic Female	30
Total	60

RESULT AND DISCUSSION

Statistical Analysis was performed with the help of SPSS.20 to examine the results of the present research.

DISCUSSION

Table No: 4.1 Showing N, mean, SD, df, 't' values of "Logical Analysis" of Diabetic male and female.

Variable	Gender	N	Mean	Std. Deviation	't'	df
Logical Analysis	Male	30	11.93	2.303	2.256*	58
	Female	30	13.03	1.351		

*Significant at 0.05 level

Hypothesis No1: There will be significant difference in diabetic male and female in response with "Logical Analysis" component of coping response.

The table no 4.1 showed the results that N for male 30 and female 30, Mean score of male and female diabetic people come out to be 11.93 and 13.03 respectively. The standard deviation of diabetic male and female people was 2.303 and 1.351 whereas 'df' value was 58 and the calculated "t- value" found 2.256 which is **Significant** at 0.05 level that means the "t" value of this component of "Logical Analysis" is showing significant differences between male and female diabetic people.

Table No: 4.2 Showing N, mean, 't', SD, df, is a table about the "Positive Reappraisal" factor of Diabetic male and female People.

Variable	Gender	N	Mean	Std. Deviation	't'	df
Positive Reappraisal	Male	30	12.00	2.228	2.013*	58
	Female	30	13.17	2.260		

*Significant at 0.05 level

Hypothesis No2: There will be significant difference in diabetic male and female in response with "Positive Reappraisal" component of coping response.

The obtained results from table no 4.2 showed that male and female diabetic people. The results reveal that N for male 30 and female 30, Mean score of male and female diabetic people come out to be 12.00 and 13.17 respectively. The standard deviation of diabetic male and female people was 2.228 and 2.260 whereas 'df' value was 58 and the calculated "t- value" found 2.013 which is **Significant** at 0.05 level that means the "t" value of this component of "Positive Reappraisal" is showing significant differences between male and female diabetic people.

Table No:3 Showing N, mean, 't', SD, df, is a table about the "Seeking Guidance" factor of Diabetic male and female People.

Variable	Gender	N	Mean	Std. Deviation	't'	df
Seeking Guidance	Male	30	12.90	2.893	.964 (N.S)	58
	Female	30	13.57	2.445		

(Not – Significant)

Hypothesis No3: There will be significant difference in diabetic male and female in response with "Seeking Guidance" component of coping response.

The obtained results from table no 4.3 showed that male and female diabetic people. The results reveal that N for male 30 and female 30, Mean score of male and female diabetic people come out to be 12.90 and 13.57 respectively. The standard deviation of diabetic male and female people was 2.893 and 2.445 whereas 'df' value was 58 and the calculated "t- value" found .964 which in **Not-Significant**. That means the "t" value of this component of "Seeking Guidance" does not showing significant differences between male and female diabetic people.

Table No:4 N, mean, 't', sd, df, is a table about the "Problem solving" factor of Diabetic male and female People.

Variable	Gender	N	Mean	Std. Deviation	't'	df
Problem solving	Male	30	11.40	2.027	2.371*	58
	Female	30	12.57	1.775		

*Significant at 0.05 level.

Hypothesis No4: There will be significant difference in diabetic male and female in response with “Problem solving” component of coping response.

The obtained results from table no 4.4 showed that male and female diabetic people. The results reveal that N for male 30 and female 30, Mean score of male and female diabetic people come out to be 11.40 and 12.57 respectively. The standard deviation of diabetic male and female people was 2.027 and 1.775 whereas ‘df’ value was 58 and the calculated “t- value” found 2.371 which is **Significant** at 0.05 level that means the “t” value of this component of “Problem solving” is showing significant differences between male and female diabetic people.

Table No:5 Showing N, mean, ‘t’, SD, df, is a table about the “Cognitive Avoidance” factor of Diabetic male and female People.

Variable	Gender	N	Mean	Std. Deviation	‘t’	df
Cognitive Avoidance	Male	30	10.60	2.430	1.029 (N.S)	58
	Female	30	11.20	2.074		

(Not – Significant)

Hypothesis No5: There will be significant difference in diabetic male and female in response with “Cognitive Avoidance” component of coping response.

The obtained results from table no 4.5 showed that male and female diabetic people. The results reveal that N for male 30 and female 30, Mean score of male and female diabetic people come out to be 10.60 and 11.20 respectively. The standard deviation of diabetic male and female people was 2.430 and 2.074 whereas ‘df’ value was 58 and the calculated “t- value” found 1.029 which in **Not-Significant**. That means the “t” value of this component of “Cognitive Avoidance” does not showing significant differences between male and female diabetic people.

Table No:6 Showing N, mean, ‘t’, SD, df, is a table about the “Acceptance Resignation” factor of Diabetic male and female People.

Variable	Gender	N	Mean	Std. Deviation	‘t’	df
Acceptance Resignation	Male	30	8.17	2.479	.561 (N.S)	58
	Female	30	8.50	2.113		

(Not – Significant)

Hypothesis No 6: There will be significant difference in diabetic male and female in response with “Acceptance Resignation” component of coping response.

The obtained results from table no 4.6 showed that male and female diabetic people. The results reveal that N for male 30 and female 30, Mean score of male and female diabetic people come out to be 8.17 and 8.50 respectively. The standard deviation of diabetic male and female people was 2.479 and 2.113 whereas ‘df’ value was 58 and the calculated “t- value” found .561 which in **Not-Significant**. That means the “t” value of this component of “Acceptance Resignation” does not showing significant differences between male and female diabetic people.

Table No:7 Showing N, mean, ‘t’, SD, df, is a table about the “Seeking Rewards” factor of Diabetic male and female People.

Variable	Gender	N	Mean	Std. Deviation	‘t’	df
Seeking Rewards	Male	30	13.87	2.776	.337 (N.S)	58
	Female	30	14.10	2.578		

(Not – Significant)

Hypothesis No 7: There will be significant difference in diabetic male and female in response with “Seeking Rewards” component of coping response.

The obtained results from table no 4.7 showed that male and female diabetic people. The results reveal that N for male 30 and female 30, Mean score of male and female diabetic people come out to be 13.87 and 14.10 respectively. The standard deviation of diabetic male and female people was 2.776 and 2.578 whereas ‘df’ value was 58 and the calculated “t- value” found .337 which in **Not-Significant**. That means the “t” value of this component of “Seeking Rewards” does not showing significant differences between male and female diabetic people.

Table No:8 Showing N, mean, 't', SD, df, is a table about the "Emotional Discharge" factor of Diabetic male and female People.

Variable	Gender	N	Mean	Std. Deviation	't'	df
Emotional Discharge	Male	30	9.43	3.401	1.501 (N.S)	58
	Female	30	10.63	2.760		

(Not – Significant)

Hypothesis No 8: There will be significant difference in diabetic male and female in response with "Emotional Discharge" component of coping response.

The obtained results from table no 4.8 showed that male and female diabetic people. The results reveal that N for male 30 and female 30, Mean score of male and female diabetic people come out to be 9.43 and 10.63 respectively. The standard deviation of diabetic male and female people was 3.401 and 2.760 whereas 'df' value was 58 and the calculated "t- value" found 1.501 which in **Not-Significant**. That means the "t" value of this component of "**Emotional Discharge**" does not showing significant differences between male and female diabetic people.

Conclusions

- 1) Significant difference found between diabetic male and female in response with "**Logical Analysis**".
- 2) Significant difference found between diabetic male and female in response with "**Positive Reappraisal**".
- 3) No Significant difference found between diabetic male and female in response with "**Seeking Guidance**".
- 4) Significant difference found between diabetic male and female in response with "**Problem solving**".
- 5) No Significant difference found between diabetic male and female in response with "**Cognitive Avoidance**".
- 6) No Significant difference found between diabetic male and female in response with "**Acceptance Resignation**".
- 7) No Significant difference found between diabetic male and female in response with "**Seeking Rewards**".
- 8) No Significant difference found between diabetic male and female in response with "**Emotional Discharge**".

The study reveals that there is significant difference between diabetic male and female in relation to logical analysis, positive reappraisal and problem solving, whereas no gender difference found in seeking guidance, cognitive resignation, seeking rewards, and emotional discharge.

Limitations

- 1) The sample were selected from Ahmednagar city only.
- 2) The sample size was limited for the study.

Suggestions

- 1) Extensive research can be done on the presented subject by taking a large sample.
- 2) This research can be done using other tests for the presented research.

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