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Adjustment comparison of diabetic and normal people

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ABSTRACT

The aim of the present study was to compare the adjustment of diabetic male and female with normal males and females. The study assessed by ex-post facto method in which 36 normal people (16 males, 20 females) and 33 diabetic people (12 males, 21 females), after targeted selection, answered the Bell adjustment questionnaire. The results of Tukey's test revealed that there was a significant difference between compared groups in adjustment at home (F=3.19, Sig=0.029), social adjustment (F=2.87, Sig=0.043), and emotional adjustment (F=5.7, Sig=0.002). Women were fainter than men in both family and social dimension. Because women are sensitive, they were faint emotionally, too. All groups, diabetic males and females and normal females, were fainter than normal males.

Keywords: Diabetes, Psychological Adjustment, Normal

INTRODUCTION

Chronic illnesses are disorders that persist for an extended period and affect a person's ability to function normally. The term psychological adjustment is used to refer to the healthy rebalancing by patients to their new circumstances. Most patients eventually reach a state of good psychological adjustment, but for some patients, the adjustment phase is prolonged and sometimes unsuccessful [14].

To promote psychological adjustment, patients should acknowledge and express their emotions in a way that allow them to take control of their lives and engage in self-management [10]. According to [7], adjustment to a diagnosis of adult-onset diabetes is a gradual process. They report that more strong education in diabetes helps facilitate a better psychological adjustment to the illness.

Being diagnosed with diabetes not only changes someone's lifestyle, but also brings about a myriad of feelings and emotions that can be difficult to express or deal with. The key understands that these feelings are normal and they generally get better as a diabetic becomes more aware of how to deal with the disease and its effects. These emotions are denial, depression, anger, embarrassment, and acceptance [4]. The rate of depression in diabetics is much higher than in the general population. Depression is frequently associated with unhealthy appetite changes [17].

Findings of [5] and [9] indicated that beliefs related to the seriousness of diabetes, personal vulnerability to complications, costs of regimen adherence, and beliefs in the efficacy of treatment have been associated with both regimen adherence and psychological adjustment. Studies of [13] showed that greater impact of diabetes was related to increased anxiety, while beliefs about the effectiveness of treatment predicted better dietary self-care. According to studies of [15], personal model beliefs about diabetes were also shown to mediate the relationship between personality variables, emotional stability and conscientiousness, and self-care behaviors.

[8] in the experimental studies have revealed that group coping skills training improved glycemic control and quality of life for diabetes, it is useful for stress management, problem-solving, and coping skills training delivered in small groups of youths has reduced diabetes-related stress. [6] and [3] showed that group training improved social interaction, increased glucose monitoring, and improved glycemic control.

MATERIALS AND METHODS

The present study assessed by ex-post facto method with the aim of comparison between diabetic and normal males and females. About 36 normal people (16 males, 20 females) and 33 diabetic people (12 males, 21 females) were chosen among clients of Bonab clinics by targeted selection method. Diabetes had been recognized by the specialist for 3 years and they had no other chronic illness. They were under drug treatment. Normal people were chosen among clients for common illness such as chill illness without other chronic illnesses: diabetes, blood pressure, multiple sclerosis, mental retardedness, and main psychiatric disorders. Information, in this study, was gathered individually in the Clinic. The Bell's Adjustment Questionnaire had been completed in order to extract participants' adjustment information. This questionnaire has been codified in 1967 by Bell, including 160 items that assess five kind of adjustments. Researchers had reported sub-scale of validity coefficient of home, hygiene/health, social, emotional, and vocational adjustments and the total test accordingly to 0/91, 0/81, 0/88, 0/91, 0/85, and 0/94. Gathered information was assessed by multiple variance analyses, unilateral variance analyses, and Tukey's test.

RESULTS

In this research, 69 diabetes and normal male and female were compared concerning their adjustment dimensions. The age range of participants was between 34-70 with average of 49 years old and standard deviation of 10 years.

Table 1. Descriptive Statistics of adjustment dimensions of normal and diabetic male and female

	Group	Mean	Std. Devi	N
Adjustment at Home	Normal Male	7.31	5.59	16
	Normal Female	10	4.3	30
	Diabetic Male	104	4.2	12
	Diabetic Female	11.95	4.2	21
	Total	10.04	4.76	69
Health Adjustment	Normal Male	7.4	2.6	16
	Normal Female	7.95	3.8	30
	Diabetic Male	7	2.4	12
	Diabetic Female	9.47	2.7	21
	Total	8.13	3.1	69
Social Adjustment	Normal Male	9.25	3.35	16
	Normal Female	11.15	4.61	30
	Diabetic Male	12	3.76	12
	Diabetic Female	13.76	6.015	21
	Total	11.65	4.919	69
Emotional Adjustment	Normal Male	9	4.412	16
	Normal Female	13.7	5.67	30
	Diabetic Male	14.5	5.48	12
	Diabetic Female	15.38	3.9	21
	Total	13.26	5.35	69

Having considered Box test (F=1.75, Sig=0.025), Leuven test (p> 0.05) for comparing dimension of adjustment in diabetes and normal male and female multiple variance analyses, revealed significant difference between groups (Pillai's Trace; F=1.99, P> 0.05). Compared groups had a significant difference in adjustment at home (F=3.19, Sig=0.029), social adjustment (F=2.87, Sig=0.043), emotional adjustment (F=5.7, Sig=0.002), but in the case of health adjustment, there were not different statistically. It used unilateral variance analysis and Tukey's test for finding the origin of differences.

According to Tables 1 and 2, diabetic females in dimension of adjustment in family were fainter than normal males ($p<0.05$), but other groups were not different. Considering emotional adjustment, both in normal and diabetic males and females, the diabetic males were significantly more faint than normal males ($p<0.05$). In relation to social adjustment, diabetic females were significantly fainter than normal males ($p<0.05$), but the other groups were not different.

Table 2. Results of Tukey's Test

Dimension of Adjustment	Compared Groups		Mean Differences	Std. Error	Sig
Adjustment at home	Normal Female	Normal Male	2.68	1.52	.301
	Diabetic Male	Normal Male	3.10	1.73	.288
	Diabetic Female	Normal Male	4.63	1.5	.016
	Diabetic Male	Normal Female	.416	1.65	.994
	Diabetic Female	Normal Female	1.95	1.42	.520
	Diabetic Female	Diabetic Male	1.53	1.64	.787
Emotional Adjustment	Normal Female	Normal Male	4.7	1.63	.27
	Diabetic Male	Normal Male	5.50	1.85	.22
	Diabetic Female	Normal Male	6.38	1.6	.001
	Diabetic Male	Normal Female	.8	1.77	.969
	Diabetic Female	Normal Female	1.68	1.52	.688
	Diabetic Female	Diabetic Male	.88	1.76	.959
Social Adjustment	Normal Female	Normal Male	1.9	1.58	.630
	Diabetic Male	Normal Male	2.75	1.80	.430
	Diabetic Female	Normal Male	4.51	1.56	.27
	Diabetic Male	Normal Female	.85	1.72	.961
	Diabetic Female	Normal Female	2.6	1.47	.298
	Diabetic Female	Diabetic Male	1.76	1.71	.733

DISCUSSION AND CONCLUSION

The study showed that diabetes illness affects adjustment of both male and female. This illness has more effect on family and social situation. It is shown that women were fainter than men in both dimensions. Because women are sensitive they were faint emotionally too. Other studies showed that chronic illness can affect people adjustment, for example, patients who have suffered from migraine headaches [12], problems that caused by thyroid and how patients could manage it [11], people who suffer from various kind of headache [1].[16] believe that better psychological adjustment related to more education and positivity highlights future interest on working with gains in diabetes patient education, fostering patient self-growth, self-integration and resilience.[2] showed that positive illness perception and more usage of task-oriented coping strategy predict better adjustment to diabetes. So, the results confirmed the theoretical bases and empirical evidence of effectiveness of adjustment to chronic disease and can be helpful in devising preventive policies, determining high-risk maladjusted patients, and planning special psychological treatment.

After the medical diagnosis of chronic illness, patients are confronted with new situations that challenge their habitual coping strategies. As a result, they must find new ways of coping to adjust to their altered condition.

It is concluded that to promote psychological adjustment, patients should remain as active as reasonably possible, acknowledge and express their emotions in a way that allows them to take control of their lives, engage in self-management, and try to focus on potential positive outcomes of their illness. Patients who can use these strategies have the best chance of successful adjusting to the challenges posed by a chronic illness.

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