

Life Satisfaction Among The Type 2 Diabetes Mellitus Patients

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Abstract: Type 2 diabetes patients are vulnerable to various types of negative psychological state, such as, depression, anxiety, mood swings etc. that hampers their treatment procedure and proper management of health status. Hence, it is very much required to maintain their positive health aspects, such as, life satisfaction so that they can adhere to the treatment regimen in accurate ways and also maintain well-being. The purpose of the study was to investigate the difference between the younger age group patients (40-50 years) and the older age group patients (55-65 years) in respect to their level of life satisfaction. Around 350 samples were selected from various government and private hospitals in Odisha, India who were clinically diagnosed with type 2 diabetes mellitus. It was found that the older age group patients were more satisfied in their lives as compared to the younger age group patients. It is recommended that the patients should be encouraged to get involved in more physical activities so that the blood sugar level is controlled and include meditations to improve the psychological health and well-being.

Keywords: type 2 diabetes patients, life satisfaction, age group, depression, well-being

I. LIFE SATISFACTION

Life satisfaction is a major component of health and well-being and refers to the overall life aspects of an individual. It is a way in which a person evaluates himself or herself taking all aspects of life into consideration as well as thinking about the future. It is a total assessment of feelings and attitudes about one's own life at a specific point of time ranging from negative to positive. Veenhoven (1994a, 1994b) summarized the term life satisfaction as the degree to which a person evaluates the overall quality of his or her life as a whole positively. Stuart-Hamilton (1995) in the dictionary of developmental psychology termed life satisfaction as the degree of contentment with one's own life.

It can be understood in terms of mood, relationship with self and others, level of aspirations and attainment of goals, accomplishing responsibilities, self-concepts, self-perceived capabilities and the ways to cope with the daily life. A study conducted by Diener, Suh, Lucas and Smith (1999) found that life satisfaction includes the desire to change one's own life circumstances, satisfaction with the past and future happenings and satisfaction with the significant others. Life satisfaction in other ways can be meant as the contentment

with life particularly in regard to the fulfillment of one's needs and expectations.

There are several domains of life satisfaction as listed by various researchers which assumes that an overall satisfaction of a person depends on many concrete areas of life. Cummins (1996, 1997b & 2003) debated that there are mainly seven domains of life satisfaction which includes: health, material well-being, productivity, safety, intimacy community and emotional well-being. The main domains of the construct life satisfaction are health, work and employment, social relationships, leisure, housing and education (Argyle 2001). According to Mohana Priya and Anju (2016) an individual's life is satisfied when the needs are fulfilled. Some of the needs include factors like physiological, psychological, social, educational, professional, financial, environmental, community and environmental. When we look into all the domains as listed above it is observed that four domains play a pivotal role which can lead a person towards life satisfaction. They are mainly: physical, psychological, social and environmental.

II. DIABETES MELLITUS

Diabetes Mellitus has been described as a world-wide health problem which is rapidly increasing and is also known as the epidemic of the twenty-first century (Ramachandran, Snehalatha, Latha, Manohar & Vijay, 1999). Diabetes mellitus is a chronic condition and group of metabolic diseases wherein an individual has high blood sugar levels and the reason is either the pancreas does not create insulin or the cells do not respond to the insulin that is created. Doumit & Nasser (2010) stated that patients suffering from any kind of chronic illnesses are vulnerable to various kinds of psychological stressors due to the inadequacy in the proper management of their illness and diseases. The psycho-social status hampers their ability to accomplish their needs self-sufficiently and as a result their health condition worsens. Health care professionals consider life satisfaction as one of the important elements in accordance to the nature of treatment plans for patients suffering from type 2 diabetes mellitus and the level of non-adherence to the treatment regimen (American Diabetes Association, 2010).

In a systematic review to find out the association between diabetes and depression, Egede and Ellis (2010) found that both diabetes and depression are the weakening conditions that are related to the morbidity, mortality and health care expenditures and that can exhaust an individual there by, hampering his or her well-being. Both the conditions can have significant negative impact on the health outcomes. Depression among the diabetes patients is associated with reduced metabolic control, decreased adherence to the treatment regimen, reduced quality of life, less productivity, higher complication rates, increased disabilities and health care expenditures. Depression among patients suffering from type 2 diabetes mellitus was significantly correlated to the poor glycemic control. Richardson et al.(2010) studied the longitudinal effects of depression on the glycemic control. They concluded that over a four year span follow-up there was a significant longitudinal relationship between the depression and the glycemic control.

STATEMENT OF THE PROBLEM

Diabetes Mellitus is a chronic condition that can have severe negative consequences on health and well-being. Type 2 diabetes mellitus patients comprise the majority of the diabetes population and the number is growing rapidly. This disease challenges the adjustments and maintenance of health conditions of patients as well as their well-being leading to various negative psychological states like denial, anger, depression. It is very much essential to retain their positive health aspects so that they can easily maintain their health condition and adhere to the treatment regimen.

OBJECTIVES

- ✓ To find out the difference between the younger and older age group patients suffering from type 2 diabetes mellitus patients in respect of their level of life satisfaction.

It was hypothesized that there would be a significant difference in the mean scores of the younger and older patients

suffering from type 2 diabetes mellitus in respect of their level of life satisfaction.

III. METHODOLOGY

DESIGN

The present study included two objectives. The first one was conducted to find out the difference between the young and old aged people suffering from the type 2 diabetes mellitus. It involved the independent variables that are younger age group patients (40-50 years) and the older age group patients (55-65 years). The dependent variable was life satisfaction scores which was obtained by each subject on the significant test.

SAMPLE

A total number of 350 (N = 350) subjects clinically diagnosed with the type 2 diabetes mellitus were included in the study. These patients were selected from the government and private hospitals in Odisha, India and were categorized into younger age group (40-50 years) and the older age group (55-65 years).

TOOL

The life satisfaction component is often measured with the Satisfaction with Life Scale (SWLS). The scale is a measure of life satisfaction developed by Diener, Emmons, Laren and Griffin (1985). It contains 5 items which measures an individual's satisfaction with his or her life. Using a 7-point scale ranging from strongly disagree to strongly agree, one has to indicate the degree of agreement with each item on the scale by encircling or putting a tick mark against each item. The total score varied from 5 to 35, where, 31-35 stands for extremely satisfied, 26-30 stands for satisfied, 21-25 stands for slightly satisfied, 20 is neutral, 15-19 stands for slightly dissatisfied, 10-14 stands for dissatisfied and 5-9 stands for extremely dissatisfied.

PROCEDURE

After establishing the rapport and explaining the purpose, necessity and the significance of the study to each of the participant, the life satisfaction scale was administered on each subject individually. The responses of the participants were scored according to the scoring key. The obtained data was analysed using the mean, sd and t tests.

IV. RESULTS

An independent sample t-test was conducted to compare the life satisfaction scores between two age groups that is; the younger age group patients (40-50 years) and older age group patients (55-65 years) diagnosed with type 2 diabetes mellitus. The M, SDs and the t of the life satisfaction scores are presented in the table 1. It was found that there was a

significant difference in the scores for older age group ($M = 21.86$, $SD = 6.96$) and the younger age group ($M = 26.85$, $SD = 5.03$), $t(348) = 7.67$, $p < .05$. These results suggest that life satisfaction does have an effect on the age. Specifically, it suggests that the older age group patients are more satisfied in their lives as compared to the younger age group patients.

Life Satisfaction	Young Age Group (40-50 years)			Older Age Group (55-65 years)			t	df	p
	N	M	SD	N	M	SD			
	180	21.86	6.96	170	26.85	5.03	7.67	348	.00

Table 1: Summary of the life satisfaction scores

V. CONCLUSION

The study was conducted to find the effect of life satisfaction on the type 2 diabetes mellitus patients in respect to their age. It was concluded that the patients who fall under the older age group that is 55-65 years of age were comparatively more satisfied than the younger age group patients ranging 40-50 years of age. The reason may be that the older patients had higher self-fulfillment, better perception of self-efficacy and more health related locus of control. Studies conducted by researchers also suggested that the patients with a better health related quality of life (Macrodimitris & Endler, 2001) and moderate or high levels of self-efficacy (Nelson, McFarland & Reiber, 2007) bring out positive results in life satisfaction thereby leading to better management of diseases. The health care professionals should encourage their type 2 diabetes mellitus patients to enhance their level of self-efficacy and also the internal power of determination for better health outcomes. Moreover, the patients psychosocial factors should also be emphasized for patients suffering from chronic diseases, such as, type 2 diabetes mellitus. It is suggested that the patients should be encouraged to be engaged in more physical activities so that the blood sugar level is controlled. Stressful events should be avoided. Moreover, yoga's and meditations should be performed on a regular basis in order to relieve stress. Psychotherapeutic interventions can also help improve the physiological and psychological conditions of type 2 diabetes mellitus patients.

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