

A Comparative Study of Anxiety among Diabetic Patients

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ABSTRACT

The study was intended to examine the effect of Anxiety on diabetic patients. **Aim:** The aim was to estimate the prevalence of anxiety in patients with diabetes and to determine the association of anxiety with area and gender. **Sample:** The sample consists of 160 diabetic patients from different hospital in Rajkot district area. The sample was selected from randomly. **Design:** 2*2 research design was used the present study. **Tools:** Anxiety was measured through a questionnaire 'Sinha's Comprehensive Anxiety Test (SCAT) was used. Test developed by A.K.P Sinha and L.N.K Sinha in (1995). The data was analyzed by the t test. **Results:** There will be no significant difference between Gender and Types of Area in relation to their Anxiety. **Conclusions:** Our study demonstrates a higher prevalence of anxiety in diabetic patients. No factor was significantly associated with anxiety.

Keywords: Anxiety, Diabetic patients, Urban, Rural

Anxiety is defined as:

1. Anxiety is a normal reaction to stressful situations. But in some cases, it becomes excessive and can cause sufferers to dread everyday situations.
2. This type of steady, all-over anxiety is called Generalized Anxiety Disorder. Other anxiety-related disorders include panic attacks—severe episodes of anxiety which happen in response to specific triggers—and obsessive-compulsive disorder, which is marked by persistent invasive thoughts or compulsions to carry out specific behaviors (such as hand-washing).
3. A state of uneasiness, apprehension; as about future uncertainties.
4. A state of apprehension, uncertainty, and fear resulting from anticipation of a realistic or fantasized threatening event or situation, often impairing physical and psychological functioning.

Anxiety is also a perfect normal response to threat and in some situation that is really threatening it can be helpful in preparing us for action. Some degree of anxiety can improve over performance in certain situation such as job, interviews, talking, exams, sporting or even helping us to play our bills on time. However if anxiety occurs too often and for on apparent

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reason or if it begins to interfere with our life, than it has become a problem. In other words, anxiety occurs when we behave (think and act) in an apprehensive manner, such as when worrying about an event or situation.

The philosopher **Soren Kierkegaard**, in *The Concept of Anxiety*(1844), described anxiety or dreads associated with the "dizziness of freedom" and suggested the possibility for positive resolution of anxiety through the self-conscious exercise of responsibility and choosing.

The psychologist **Otto Rankin Art and Artist** (1932) wrote that the psychological trauma of birth was the pre-eminent human symbol of existential anxiety and encompasses the creative person's simultaneous fear of and desire for separation, individuation and differentiation.

According to **Viktor Frankl**, the author of *Man's Search for Meaning*, when a person is faced with extreme mortal dangers, the most basic of all human wishes is to find a meaning of life to combat the "trauma of nonbeing" as death is near.

Anxiety is a generalized mood state that occurs without an identifiable triggering stimulus. As such, it is distinguished from fear, which occurs in the presence of an external threat. Additionally, fear is related to the specific behaviors of escape and avoidance, whereas anxiety is the results of threats that are perceived to be uncontrollable or unavoidable.

Anxiety is a term used to describe uncomfortable feeling of nervousness, worry and tension which we all feel from time to time. Anxiety can affect anyone, whatever their age, gender etc, It affects our thoughts, physical reactions, moods and behavior. Anxiety can also cause us to feel panicky and frightened and prevent us from doing things. Too much stress in our lives can result in higher levels of anxiety.

We know from research that at any one time, there are many people experiencing anxiety that is a problem to them. Anxiety can either be very general; affecting many areas of our lives or it may be more specific to certain situations such as crowded places, travelling on buses. It could even occur as a specific phobia such as a fear of lifts or a fear of spiders.

Anxiety disorders may be caused by environmental factors, medical factors, genetics, brain chemistry, substance abuse, or a combination of these. It is most commonly triggered by the stress in our lives.

Anxiety affects us in four main ways

- 1. Physical effects:** When we are anxiety we will fear many physical symptoms of anxiety, such as a pounding heart, a churning stomach, or breathing difficulties. Long term stress also affects us physically.
- 2. Thoughts:** When we are anxiety we tend to worry and have negative thoughts. Like 'when if I make a fool of myself or what if I suffocate/faint/have a heart attack.' As well as thoughts we may experience images or pictures in our mind such as images of a car crash or someone criticizing us.

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- 3. Mood:** Anxiety itself is a type of mood. Anxiety and prolonged stress can also affect our moods in other ways. For example, if we experience anxiety that restricts our lives over a long period of time, we may feel guilty, down and depression.
- 4. Behavior:** Anxiety also affects our behavior changing the things we feel able to be. This can result in avoidance of many things, such as going into a supermarket or going to the dentist. When we can't avoid things we may do things to make us feel safe, such as always having someone with us, or carrying tablets that we don't really need.

REVIEW OF LITERATURE

Dr. Krishna J. Vaghela (2016) The present research was to study the anxiety level among diabetic and non-diabetic people (both male and female). The study was conducted over a sample of 160 people (80- male: 40 diabetic and 40 non-diabetic as well as 80- female: 40 diabetic and 40 non-diabetic). For the purpose of the measuring anxiety level of participants the Beck anxiety inventory was used. The obtained data were analyzed and interpreted on using statistical tools such as mean, standard deviation, and t – test. The results reported that statistically significant difference observed among diabetic and non-diabetic male participants in relation to anxiety their level. As regarding to female participants with diabetic and non-diabetic also significantly differ on their scores on anxiety. In conclusion the anxiety level was significantly higher in diabetic people both: male as well as female.

Dr. Arvindgiri K. Aparnath (2014) The present study is based on Academic anxiety. The aim of the study is to find out the difference between religion and gender, regarding academic anxiety for the purpose of the study, 120 School children were chosen from different school at Kapadwanj town, Gujarat, for data collection in all 120 student, 60 being boys (30 Hindu +30 Muslim) and 60 girls (30 Hindu + 30 Muslim) Generally anxiety can be either a trait anxiety or a state anxiety. A trait anxiety is a stable characteristic or trait of the person. A state anxiety is one which is aroused by some temporary condition of the environment such as examination, accident, punishment, etc. Academic anxiety is a kind of state anxiety which relates to the impending danger from the environments of the academic institution including teacher, certain subjects like Mathematics, English, etc. I have used Academic Anxiety Scale for children" (AASC Scale) by Dr. A. k. Singh & Dr. (km) A. Sen Gupta. The obtained data analyzed through Mann- Whitney U test. The result shows that there was no significant difference between the Academic anxiety of Muslim boys & girls and Hindu girls & Muslim girls. There is more Academic anxiety in Hindu girls than Hindu boys and more Academic anxiety in Muslim boys than Hindu boys.

Objectives

This present study aims to investigate the effect of diabetic patient's anxiety. The study has the following specific objectives in view:

1. To explore the Anxiety among diabetic patient's.
2. To compare the Anxiety of urban areas diabetic patient's.
3. To compare the Anxiety of Rural areas diabetic patient's.

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Hypotheses

The following hypotheses were framed for the purpose of present study:

1. There will be no significant difference on Anxiety of urban and rural areas diabetic patients.
2. There will be no significant difference on Anxiety of urban areas male and rural areas female diabetic patients.
3. There will be no significant difference on Anxiety of urban areas female and rural areas male diabetic patients.
4. There will be no significant difference on Anxiety of urban areas and rural areas male diabetic patients.
5. There will be no significant difference on Anxiety of urban and rural areas female diabetic patients.

METHODOLOGY

Variable

In the study major variables as per following

No.	Variable	Types of Variable	Level	Name of the Level
1.	Area	2	Independent	<ul style="list-style-type: none">• Urban• Rural
2.	Gender	2	Independent	<ul style="list-style-type: none">• Male• Female
3.	Anxiety	1	Dependent	

Sample

Total sample comprised of 160 diabetic challengers, 80 of rural areas and 80 of urban areas diabetic challengers were included in the sample. Further, sample was bifurcated according to gender (40 male and 40 female). The diabetic challengers were selected from Rajkot district areas.

Table 1: gender wise distribution of the sample

Rural		Urban	
Male	Female	Male	Female
40	40	40	40
Total=80		Total=80	

Research Design

In this way, the research design happens of 2x2 factorial, which appends upon sample.

Tools Used

The present study **Sinha's Comprehensive Anxiety Test (SCAT)** was used. Test developed by A.K.P Sinha and L.N.K Sinha in (1995). **Reliability:** Reliability of Sinha's Comprehensive Anxiety Test (SCAT): Test consists of 90 items, significant at 0.01 levels. Scoring, Sum, total scores show the anxiety level. Higher the scores show higher the anxiety. The coefficient of reliability was determined by using the Product moment correlation was 0.85 and by using

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Spearman Brown Formula was 0.92. Both the values ensure a high reliability of the test. **Validity:** The coefficient of validity was 0.62, which is significant beyond 0.01 Level of confidence.

Statistical Analysis

After collecting the response from the diabetic challengers, at first all data sheets were checked thoroughly to find out any gaps or discrepancies in the response sheets. For data analysis, descriptive statistics t test was used and for the Hypothesis inferential statistical t test was used diabetic challengers.

RESULT AND DISCUSSION

1. There will be no significant difference on Anxiety of urban and rural areas diabetic patient's.

Table no. 1 shows there will be no significant difference between urban and rural areas diabetic patients in relation to their anxiety.

Area	Mean	SD	SEM	t	Sig. Level
Urban	50.23	7.76	0.87	2.7506	0.01
Rural	47.00	7.06	0.79		

The result of t test, given in table 1, show that the t value obtained is no significant ($t=2.7506$), revealing the fact that the group compared do significantly with regard to their area score. Hence the null hypothesis Ho1: "There will be no significant difference on the anxiety among urban and rural area's diabetic patients" is accepted.

2. There will be no significant difference on Anxiety of urban areas male and rural areas female diabetic patient's.

Table no. 2 shows there will be no significant difference between urban areas male and rural areas female diabetic patients in relation to their anxiety.

Group	Mean	SD	SEM	t	Sig. Level
Urban (M)	51.73	8.01	1.27	1.5114	0.01
Rural (F)	48.93	7.36	1.16		

The result of t test, given in table 2, show that the t value obtained is no significant ($t=1.5114$), revealing the fact that the group compared do significantly with regard to their area's gender score. Hence the null hypothesis Ho2: "There will be no significant difference on the anxiety among urban area's male and rural area's female diabetic patient's" is accepted.

3. There will be no significant difference on Anxiety of urban areas female and rural areas male diabetic patient's.

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Table no. 3 shows there will be no significant difference between urban areas female and rural areas male diabetic patients in relation to their anxiety.

Group	Mean	SD	SEM	t	Sig. Level
Urban (F)	46.53	6.64	1.05	0.5995	0.01
Rural (M)	47.48	7.50	1.19		

The result of t test, given in table 3, show that the t value obtained is no significant ($t=0.5995$), revealing the fact that the group compared do significantly with regard to their area's gender score. Hence the null hypothesis Ho3: "There will be no significant difference on the anxiety among urban area's female and rural area's male diabetic patients" is accepted.

4. There will be no significant difference on Anxiety of urban areas and rural areas male diabetic patient's.

Table no. 4 shows there will be no significant difference between urban and rural areas male diabetic patients in relation to their anxiety.

Group	Mean	SD	SEM	t	Sig. Level
Urban (M)	49.50	7.98	0.89	1.4893	0.01
Rural (M)	47.73	7.07	0.79		

The result of t test, given in table 4, show that the t value obtained is no significant ($t=1.4893$), revealing the fact that the group compared do significantly with regard to their area's gender score. Hence the null hypothesis Ho4: "There will be no significant difference on the anxiety among urban area and rural area male diabetic patient's" is accepted.

5. There will be no significant difference on Anxiety of urban and rural areas female diabetic patient's.

Table no. 5 shows there will be no significant difference between urban and rural areas female diabetic patients in relation to their anxiety.

Group	Mean	SD	SEM	t	Sig. Level
Urban (F)	47.48	7.50	1.19	0.5995	0.01
Rural (F)	46.53	6.64	1.05		

The result of t test, given in table 5, show that the t value obtained is no significant ($t=0.5995$), revealing the fact that the group compared do significantly with regard to their area's gender score. Hence the null hypothesis Ho5: "There will be no significant difference on the anxiety among urban area and rural area female diabetic patient's" is accepted.

CONCLUSION

1. There is no significant difference found on Anxiety of urban and rural areas diabetic patients.
2. There is no significant difference found on Anxiety of urban areas male and rural areas female diabetic patients.

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3. There is no significant difference found on Anxiety of urban areas female and rural areas male diabetic patients.
4. There is no significant difference found on Anxiety of urban areas and rural areas male diabetic patients.
5. There is no significant difference found on Anxiety of urban and rural areas female diabetic patient's.

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