A Study of Anxiety among Diabetic Patients

Abstract

The purpose of the study was to focus on the challenges of anxiety among diabetic patients, in which 160 patients of Rajkot district hospital were included in the memorandum, in which 2 * 2 factorial designs were used, in which AKP Anxiety disciplinarian created by Sinha and LNK Sinha was used, as a result of which there was no significant difference between the sexes in the challenges of anxiety and the proximity of the area. It concluded that there was no factor associated with anxiety.

Keywords: Anxiety, Diabetic patients, Urban, Rural.

Introduction

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 apprehensiohn, 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 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 Rank in 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 Victor Frankle, when a person is faced with high levels of mental health, he is very close to death, and what causes mental hazards to him, such as the fear of suicide at the moment, the concerns of the threat of neglect, which are the consequences of the mental risks.

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

Vandana Solanki
Assistant Professor,
Deptt. of Psychology,
Saurashtra university,
Rajkot, Gujrat

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.

There are four main ways of anxiety
Physical Effects

When we are worried, increasing heart rate in main physical shelters can cause difficulty in breathing.

Think

Negative thoughts arise because of anxiety, such as if I have a heart attack etc.

Mood

Anxiety itself is a type of mood, such as anxiety is of two types, including long-term anxiety and anxiety over the short-term. Long-term anxiety makes Tanay experience while short-term anxiety restricts your life

Behavior

Often anxiety affects your behavior, such as experiencing anxiety by feeling alone without being alone at a cold place, feeling himself not feeling safe.

Review of Literature

Dr. Krishna J. Vaghela (2016) The 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 on diabetic as well as 80- female: 40 diabetic and 40 non diabetic). the purpose was the measuring anxiety level was 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. This research 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 was based on Academic anxiety. The aim of the study was to find out the difference between religion and gender, regarding academic anxiety was the purpose was the study, 120 School children were chosen from different school at Kapadwanj town, Gujarat, was 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. The trait anxiety was a stable characteristic or trait of the person. A state anxiety was one which was aroused by some temporary condition of the environment such as examination, accident, punishment, etc. So 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.I was 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 are there was no significant difference between the Academic anxiety of Muslim boys & girls and Hindu girls & Muslim girls. There was more Academic anxiety in Hindu girls then Hindu boys and more Academic anxiety in Muslim boys then Hindu boys.

Objectives of the Study

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

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 this study major variables as per following-

No.	Variable	Types of Variable	Level	Name of the Level
1.	Area	2	Independent	• Urban • Rural
2.	Gender	2	Independent	• Male • Female
3.	Anxiety	1	Dependent	

Sample

The sampling of 160 samples was taken in which 80 persons in rural and area. And 80 in urban areas were experiencing the challenges of diabetes, according to the caste from Rajkot district, 40 women and 40 men of urban areas were included .the 40 women and 40 men of rural area.

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Table 1: Gender Wise Distribution of The Sample

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

Research Design

Research designed was 2*2 factorial designed

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 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	52.23	7.76	0.87	2.7506	0.01
Rural	4.00	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	S	SEM	t	Sig. Level
Urban (M)	50.73	8.01	1.27	1.5114	0.01
Rural (F)	46.93	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.

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)	44.53	6.64	1.05	0.5995	0.01
Rural (M)	45.48	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)	48.50	7.98	0.89	1.4893	0.01
Rural (M)	46.73	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)	45.48	7.50	1.19	0.5995	0.01
Rural (F)	47.53	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.
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.

Acknowledgments

Conflict of Interests
The author declared no conflict of interests.

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