Research Paper   **Counselling**

Efficacy of Counselling for Anxiety and Stress Prone Diabetic Patients

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ABSTRACT   *This article highlights the effect of counseling as an intervention strategy in reducing the level of anxiety and stress among the diabetic patients. It is observed that majority of the diabetic patients are prone to very high levels of anxiety and stress, research studies indicate. Hence the current researcher wanted to observe if counseling could influence the status of anxiety and stress among the diabetic patients and turnout patients who can live healthy life styles. Data from 30 diabetic patients, who were willing to participate in the research study (of Aruna Diabetic Center, a private clinic in Chennai of Dr. A. Pannerselvam) was collected. To measure level of Anxiety – Taylor's Manifest Anxiety Scale was used. For measuring Stress – Development of Stressful Life Events questionnaire by – Dr.Latha Satish (1997) was used, and the Life-Style assessment questionnaire of Apollo Family Health Scan question (1990) was used. Pre and Post Experimental and Control group design was adopted for the current research. Test of significance ("t" test) was used to find the mean difference between the groups. Results portray significant change in the anxiety and stress levels of the diabetic patients for whom counseling was introduced.*

KEYWORDS: Anxiety, Counseling, Diabetic Patient, Experimental group and Stress

Introduction:

PEPINSKY and PEPINSKY (1954) states that counseling is that interaction which (1) occurs between two individuals called counselor and client ,(2) takes place in a professional setting, and(3)is initiated and maintained to facilitate changes in the behavior of a client.

Anxiety ,is the awareness of the inconsistency between the self and the perceptions incongruent with it. In a situation where in the in congruency between the self and the experience becomes over whelming the self is not able to function effectively. Anxiety is experienced to the extent to which the self-structure is threatened.

Stress is a negative emotional experience accompanied by predictable biochemical, physiological, cognitive, and behavioral changes that are directed either towards altering the stressful events or accommodating to its effects. (Baum, 1990).

Diabetes mellitus is a common and costly chronic medical illness. Individuals with diabetes are at greater risk of long-term complications such as kidney disease, peripheral vascular disease, lower extremity ulcers & amputations, retinopathy, & neuropathy diabetes is considered one of the most psychologically and behaviorally demanding of the chronic medical illnesses. For patients with type 1 and type 2 diabetes, studies have emphasized the importance of achieving optimal glucose control through strict adherence to medications, diet, and exercise in order to minimize serious long-term complications.

Living a life with diabetes may at times make you feel sad, angry, and hopeless or stressed out. On top of other life responsibilities, diabetes requires that you think about everything you eat, every activity you do or don't do, and their effects on your blood glucose levels. You may get so fed up ("burnt-out") dealing with diabetes that you stop caring for yourself properly. It may interfere with your relationships with others.

People with diabetes are also more likely to have depression or anxiety disorders. Girls and young women with diabetes are particularly prone to eating disorders. These are all dangerous combinations because they can mean that attention is not being paid to proper care. This increases the chances that down the road you or your loved one will develop the life-threatening complications of diabetes.

Emotional Issues Related to Diabetes

Emotional health is critical to staying on the pathway to good health. Variety of issues that commonly affect someone with diabetes are as follows:

· Adjustment to the diagnosis
· Concerns about not being able to stick with your diabetes care plan
· Dealing with complications of diabetes
· Eating problems
· Burn-out

· Depression
· Anxiety
· Life transitions
· Work and family stress
· Marital issues
· Family adjustment
· A child's school difficulties or behaviour problems
· Parenting issues

It is increasingly being recognized that a collaborative relationship between patient and provider may improve patient adherence and outcomes in chronic medical illnesses. Researchers have shown that satisfaction with the interpersonal quality of the patient provider relationship is significantly associated with adherence to treatment in diabetes. Hence, the need for the present research was felt by the researcher.

Objectives:
* To find out the difference between the experimental group and control group diabetic patients in their stress level.
* To find out the difference between the experimental group and control group diabetic patients in their anxiety level.
* To assess whether counseling is effective in reducing stress and anxiety among diabetic patients.

Hypothesis:
* There will be significant difference between the groups of diabetic patients in their stress level.
* There will be significant difference between the groups of diabetic patient in their anxiety level.
* Counseling will have an effect in reducing stress and anxiety among diabetic patients.

Sample:
Data from 30 diabetic patients (of Aruna Diabetic Center, a private clinic in Chennai of Dr. A. Pannerselvam) were collected for the study.

Tools Used:
To measure level of Anxiety – Taylor's Manifest Anxiety Scale was used.

For measuring Stress – Development of Stressful Life Events questionnaire by – Dr.Latha Satish (1997) was used, and the Life-Style assessment questionnaire of Apollo Family Health Scan question (1990) was used.

Research Design: Pre and Post – Experimental and Control Group design is adopted for the present research

EXPERIMENTAL GROUP - INTERVENTION (COUNSELLING)
PRE-TEST POST-TEST

CONTROL GROUP - NO INTERVENTION

Statistics: "t" test was used to find the mean difference between the groups.

Findings:
* There is a significant difference between the groups in the stress level of the diabetic patients.
* There is a significant difference between the groups in the anxiety level of the diabetic patients.
* There is significant difference between the pre-test and post-test level of stress among the diabetic patients.
* There is significant difference between the pre-test and post-test level of anxiety among the diabetic patients.
* There is significant difference between the control and experimental group with respect to their posttest stress level.
* There is significant difference between the control and experimental group with respect to their posttest anxiety level.

Results:
Table: I show "Significant difference between Experimental and Control Group in their Stress Levels" (Pre-test)

Group	N	Mean	SD	't' Value	P- Value
Experimental	14	21.42	6.18	7.31	0.000**
Control	16	7.75	3.95		

** Significant at .01 Level

*Significant at .05 Level

The calculated t-value is 7.31 and is found to be significant. The subjects belonging to the experimental group exhibited high level of stress when compared to control group subjects who showed lower level of stress. The value is significant at .01 levels. Hence, Hypothesis – I is accepted, which states that there will be significant difference between the groups of diabetic patients in their stress levels. The patient who showed high stress (experimental group) were selected for introducing counseling as an intervention.

Table: II show "Significant difference between Experimental and Control Group in their Anxiety Levels" (Pre-test)

Group	N	Mean	SD	't' Value	P- Value
Experimental	14	24.78	4.79	9.43	0.000**
Control	16	9.00	4.38		

**Significant at .01 Level

*Significant at .05 Level

The calculated t-value is 9.43 and is found to be significant. The subjects belonging to the experimental group exhibited high level of anxiety when compared to control group subjects who showed lower level of anxiety. The value is significant at .01 levels. Hence, Hypothesis – II is accepted, which states that there will be significant difference between the groups of diabetic patient in their anxiety level. The patient who showed high anxiety (experimental group) were selected for introducing counseling as an intervention

Table: III show "Significant difference between Pre-Test and Post-Test in their Stress Levels"

Group	N	Mean	SD	't' Value	P- Value
Pre-Test	30	14.13	8.57	3.31	0.002**
Post-Test	30	11.43	5.14		

**Significant at .01 Level

*Significant at .05 Level

The calculated t-value is 3.31 and is found to be significant at .01 levels. The Pre-Test mean score of the whole group is 14.13 which is high stress before counseling intervention was given. The Post –Test mean of the

group is 11.43. This indicates that the stress level reduced after counseling was provided to the diabetics' patients. Hence, Hypothesis – III is accepted, which states that Counseling will have an effect in reducing stress among diabetic patients.

Table: IV show "Significant difference between Pre-Test and Post-Test in their Anxiety Levels"

Group	N	Mean	SD	't' Value	P- Value
Pre-Test	30	16.37	9.19	2.86	0.000**
Post-Test	30	13.17	5.05		

**Significant at .01 Level

*Significant at .05 Level

The calculated t-value is 2.86 and is found to be significant at .01 levels. The Pre-Test mean score of the group is 16.37 which is high anxiety before counseling intervention was given. The Post –Test mean of the group is 13.17. This indicates that the anxiety level reduced after counseling was provided to the diabetics' patients. Hence, Hypothesis – III is accepted, which states that Counseling will have an effect in reducing anxiety among diabetic patients.

Table: V show "Significant difference between Experimental and Control Group in their Post-Test Stress Levels"

Group	N	Mean	SD	't' Value	P-Value
Experimental	14	15.071	4.582	4.82	0.000**
Control	16	8.250	3.109		

**Significant at .01 Level

*Significant at .05 Level

The calculated t-value is 4.82 and is found to be significant. The subjects belonging to the experimental group exhibited high level of stress when compared to control group subjects who showed lower level of stress. The value is significant at .01 levels. Hence, Hypothesis – III is accepted, which states that there will be significant difference between the groups of diabetic patient in their Post-Test stress level.

Table: VI show "Significant difference between Experimental and Control Group in their Post-Test Anxiety Levels"

Group	N	Mean	SD	't' Value	P-Value
Experimental	14	16.071	5.45	3.46	0.002**
Control	16	10.625	3.338		

**Significant at .01 Level

*Significant at .05 Level

The calculated t-value is 3.46 and is found to be significant. The subjects belonging to the experimental group exhibited high level of anxiety when compared to control group subjects who showed lower level of anxiety. The value is significant at .01 levels. Hence, Hypothesis – III is accepted, which states that there will be significant difference between the groups of diabetic patient in their Post-Test anxiety level.

Conclusions:
1. The stress level in the diabetic patients before intervention was comparatively more than after counseling intervention was provided.
2. The anxiety level in the diabetic patients before intervention was comparatively more than after counseling intervention was provided.
3. The impact of counseling is clearly observed by the reduced level of stress and anxiety scores in the diabetic patients after counseling was provided and thereby enabling them to lead a healthy life style.

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