The difference between the mean scores of different demographic variables (Gender, Mode of treatment, complications of diabetes and education) was examined on dimensions of health locus of control, resilience, dimensions of perceived social support and eight dimensions of health status.

Educated diabetic patients have higher mean scores than uneducated diabetic patients on resilience. Educated diabetic patients scored higher on internal health locus of control and uneducated diabetic patients scored higher on chance health locus of control. On dimensions of perceived health locus of control no difference was found on family and significant others’ support but educated diabetic patients scored higher on friends’ dimension of perceived social support than uneducated diabetic patients. On health status educated diabetic patients scored higher on all the dimensions except role-physical. Tablet takers diabetic patients scored higher on resilience as compared to insulin takers, no difference was found on dimensions of health locus of control and dimensions of perceived social support between insulin dependent and tablet takers diabetic patients. Significant difference was found on physical functioning, role-physical, general health and mental health dimensions of health status with tablet takers diabetics scoring higher than insulin dependent. Diabetic patients without complications scored higher than patients with complications of diabetes on resilience, internal health locus of control, support from significant others’ and on eight dimensions of health status. Male diabetic patients scored higher than female diabetic patients on resilience. Males scored higher on internal health locus of control whereas females scored higher on chance health locus of control. No difference was found between male and female diabetic patients on dimensions of perceived social support.
Whereas on all the dimensions of health status males scored significantly higher than females diabetic patients.

Results of regression analysis showed that when taken as a whole (N=200) resilience turned out to be the strongest predictor of all the dimensions of health status. The result of regression analysis showed that for physical functioning resilience turned out to be the most important predictor followed by internal health locus of control and friends’ support. For role-physical resilience again turned out to be the strongest predictor followed by powerful others’ health locus of control and chance health locus of control both negative relationships with role-physical. Resilience and internal health locus of control predicated bodily-pain. Again resilience and internal health locus of control turned out to be the predictors for general health. Step-wise multiple regression showed that resilience predicted vitality followed by chance health locus of control with the latter having a negative relationship with vitality. Social functioning was predicted by resilience followed by family support and friends’ support with latter having a negative relationship with social functioning. For role-emotional resilience turned out to be the most important predictor followed by chance health locus of control with latter having a negative relationship with role-emotional. For mental health dimension of health status resilience again turned out to be the strongest predictor followed by chance health locus of control and internal health locus of control with chance health locus of control having negative relationship with mental health.

In the controlled group of diabetic patients physical functioning was predicted by resilience and internal health locus of control. Resilience turned out to be the predictor of role-physical, step-wise multiple regression analysis showed that resilience again turned out to be the strongest predictor of bodily-pain followed by internal health
locus of control, again resilience and internal health locus of control turned out to be the strongest predictors for general health. Resilience and internal health locus of control again predicted vitality among controlled diabetic patients. Resilience again followed by family support turned out to be the strongest predictors for social functioning. Resilience again have as a very strong relationship with role-emotional and mental health among controlled diabetic patients as it came out to be the predictor for role-emotional and social functioning.

Among uncontrolled group of diabetic patients resilience again turned out to be the strongest predictor for physical functioning followed by friends’ support latter having a negative relationship with the physical functioning. Resilience and friends’ support again predicted role-physical with friends’ support having a negative relationship with role-physical. Resilience and internal health locus of control have very strong relationship with bodily pain as they turned out to be the strongest predictors for bodily-pain dimension of health status. For general health resilience and friends’ support turned out to be the strongest predictors with friends’ support negatively influencing general health. Resilience and chance health locus of control predicted vitality among uncontrolled diabetic patients with chance having a negative relationship with vitality. Resilience again turned out to be the strongest predictor of social functioning in uncontrolled diabetic patients followed by chance health locus of control, and chance health locus of control negatively influencing social functioning among uncontrolled diabetic patients. For uncontrolled diabetic patients for role-emotional resilience, followed by chance health locus of control, significant others’ support and family turned out to be the strongest predictors for role-emotional with chance health locus of control and family support negatively influencing role-emotional
among uncontrolled diabetic patients. Among uncontrolled diabetic patients resilience again along with chance health locus of control predicted mental health, with chance health locus of control having a negative relationship with mental health.

**Limitations of the present research**

Following are some of the limitations of present research:

1) The sample size was small i.e. N=200

2) For comparison purpose a group of normal subjects (healthy subjects) should also be included

3) Some other demographic variables could be included like B.M.I and Hip Waist ratio, to study their effect on health status.

**Further research suggestions**

The investigator has outlined some suggestions to conduct future researchers in the field of health psychology, as there are some areas need to be explored further in order to gain better insight.

1) Research is needed to examine the influence of five components of resilience on (as described by Wagnild and Young) on health status

2) Little research has been done in India on the health status/health related quality of life of diabetic patients, it is the need of the hour to study and explore the ways on managing the health status of diabetic patients. It is very important to consider the psychosocial aspects of diabetes.

3) It would be better to use large samples
4) Controlled group should be included in the future researches for comparison purpose.

5) Duration of the disease is also needed to be focused upon.