Abstract

Now-a-days, Diabetes Mellitus is a widespread health problem which adversely affects patients’ well-being and living. Diabetes is a group of metabolic diseases characterized by hyper-glycaemia resulting from defects in insulin secretion. Diabetes results in long-term damage, dysfunction and failure of different organs, thus, affecting the psychological well-being and quality of life of diabetic patients. In the present piece of work, rural and urban diabetic patients were compared for the psychological well-being and quality of life of diabetic patients in Jordan. Diabetes is a disease that burdens the Health Care System of Jordan with extensive, expensive and, long-term treatments. It also leads to significant monetary as well as social costs. The health indicators among the population of Jordan were found comparatively better as compared to other countries with reference to universal health indicators. According to Ministry of Human Resources, Hashemite Kingdom of Jordan (2016), the primary drivers for the rise in life expectancy and for reduced rate of mortality are access to advance health technologies and development resulting in reduction and eradication of preventable diseases. The Ministry of Health of Jordan is concerned about chronic diseases, which often outburst in last phase of life, increasing morbidity and mortality in Jordan. Thus, to overcome this problem, the Health Ministry of Jordan has collaborated with Centers for Disease Control and Prevention and has adopted behavioral risk factors surveillance system. Therefore, the present investigation is a comparative analysis of psychological well-being and quality of life among rural and urban diabetic patients.

Psychological wellbeing (PWB) refers to positive mental states, such as happiness or satisfaction or we can say that Psychological Well-Being (PWB) is a state of an individual’s effective functioning. Huppert (2009) hold the view that PWB is about lives going well. He described that “psychological well-being should be considered as the combination of feeling good and functioning effectively towards routine”. Deci and Ryan (2008) conceptualized psychological well-being “as a combination of positive affective states like happiness and functioning with optimal effectiveness in individual and their respective social lives”. Christopher (1999) argued that PWB plays a crucial role in theories of personality and development in both pure and applied forms. The psychological well-being provides a baseline from which we
assess psychopathology, it also serves as a guide for clinical work by helping the counsellor to determine the direction clients might move to alleviate distress and find fulfilment, purpose, and meaning; and it informs goals and objectives for counselling-related interventions too. Hence, by definition people with high PWB have been found to develop feeling happier, capable, well adjusted, well supported and satisfied with life. Huppert further stated that consequences of PWB are better physical health along with mental health, mediated probably by brain activation patterns, neurochemical effects and significant genetic factors.

Taking account of different aspects, person with good psychological well-being (PWB) are better able to deal with daily life as compared to the person with poor psychological well-being (PWB). Psychological well-being (PWB) is a wide state with six (6) different dimensions, i.e, (1) Self-Acceptance, (2) Personal Growth, (3) Purpose of Life, (4) Environmental Mastery, (5) Autonomy, and (6) Relation with Others.

The shift in researcher’s paradigm focus psychological well-being (PWB) and has drawn epidemiologists, social scientist, economist, and policy maker’s attention. Literature reveals that positive perspective is enshrined in the constitution of the World Health Organization, where health is defined as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. More recently, the WHO has defined positive mental health as “a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (e.g. Hunsley and Lee, 2007; Harari, Waehler, and Rogers 2005).

Thus, psychological well-being (PWB) is the most extensively used construct among psychologist and mental health professional. Also, a number of various types of empirical research that use different indices of similar construct have been carried out. However, theorists have found that the concept of psychological well-being (PWB) is much more complicated and debatable. Practically speaking, psychological well-being serves as an “umbrella” term for many constructs that assess psychological functioning (Cheng, Chan, and Fung, 2009; Cummins, Massey and Jones, 2007; Edwards, Ngcobo and Pillay, 2004).
Further, it is important to throw light on the Quality of Life (QOL) of the individual while evaluating and analysing the burden of a chronic disease. Quality of Life is significantly associated with individual well-being.

Quality of Life is comprised of subjective as well as objective well-being of an individual and encompasses the positive and negative features of life and outlines life-satisfaction including physical health, family, education, employment, wealth, religious beliefs, finance and the environment.

In common sense, quality of life (QOL) is the perceived as quality of persons’ daily life, that is, an assessment of their well-being or lack thereof. The concept of quality of life involves emotional, social, and physical aspects of the life of individuals. In health care, health-related quality of life (HRQOL) is an assessment of how the individual's well-being may be affected over time by an illness or disorder (WHO, 2005).

In view of the above PWB and QWL, the present study was aimed to have this kind of study on rural-urban diabetic mellitus patients. For the above reasons, following were the objectives of the investigation.

- To assess the psychological well-being of diabetic patients of rural and urban area.
- To assess the quality of life of diabetic patients of rural and urban area.
- To have a comparative analysis of psychological well-being of diabetic patients residing in rural and urban areas.
- To compare quality of life of diabetic patients residing in rural and urban areas.

Based on the above objectives, and available literature following hypotheses were framed for empirical testing:

H1. The rural and urban diabetic patient will significantly differ on autonomy-a facet of psychological well-being.

H2. The rural and urban diabetic patient will significantly differ on environmental mastery – a facet of psychological well-being.
Abstract

H3. The rural and urban diabetic patient will significantly differ on personal growth – a facet of psychological well-being.

H4. The rural and urban diabetic patient will significantly differ on positive relations with others – a facet of psychological well-being.

H5. The rural and urban diabetic patient will significantly differ on purpose in life – a facet of psychological well-being.

H6. The rural and urban diabetic patient will significantly differ on self-acceptance – a facet of psychological well-being.

H7. The rural and urban diabetic patient will significantly differ on psychological well-being.

H8. The rural and urban diabetic patient will significantly differ on health and family functioning – a facet of quality of life.

H9. The rural and urban diabetic patient will significantly differ on social and economic – a facet of quality of life.

H10. The rural and urban diabetic patient will significantly differ on psychological and spiritual – a facet of quality of life.

H11. The rural and urban diabetic patient will significantly differ on family – a facet of quality of life.

H12. The rural and urban diabetic patient will significantly differ on quality of life.

Considering the objectives of present study, data were collected for Quality of Life and Psychological Well-Being of rural and urban diabetic patients. The sample size was N=200 (Nr=100 and Nu=100). A comparative analysis of rural and urban diabetic patients was carried out with respect to Psychological well-being and Quality of Life. The data obtained from concerned respondents, were analysed with the help of t-test in order to understand and determine significance of difference between the groups of comparative study.

Findings of the study showed the light on overall psychological well-being of urban diabetic patients and revealed that the levels of psychological well-being of urban
diabetic patients are higher than the level of psychological well-being of rural diabetic patients.

Also, dimension wise analyses revealed that, when compared urban diabetic patients are higher on “autonomy” dimension of psychological well-being than rural diabetic patients. Analyses showed that rural diabetic patients are higher on “environmental mastery” and “positive relations with others” dimension of psychological well-being when compared in relation to urban diabetic patients.

From the findings of the present investigation it is clear that both the groups, viz. rural and urban diabetic patients are found significantly different in terms of their experience of psychological well-being and perception of quality of life as well as in each of their dimensions as all obtained t-values are found significant at 0.01 level of confidence.

Pattern of the results argue to the fact that the living conditions of rural area patients have detrimental effect on psychological well-being of diabetic patients because of their sense of inadequate medical facilities. Dimension-wise comparison of rural and urban geographical locations concerning psychological well-being also reveal that patients of diabetes mellitus belonging to rural area compared with the patients of diabetes mellitus belonging to urban area are high on two of its dimensions viz., ‘Environmental Mastery’ and ‘Positive Relations’. On the contrary, patients of diabetes mellitus belonging to urban area compared with the patients of diabetes mellitus belonging to rural area are high on four dimensions of psychological well-being namely; autonomy, personal growth, purpose in life and self-acceptance because of rich socio-culture urban milieu.

The findings are quite obvious as rural people are in much advantageous position with regard to psychological well-being as compared to rural people which is easy to justify because people living in rural areas as they have many reasons to be more fit than urban population as their physical and psychological environment are more befitting and richer than urban people. However, it is also important to focus that urban people have comparatively more reasons for stress generation in their life as compared to rural people. In urban areas people have much more facilities and luxuries in their life which ultimately play significant role in changing the attitude
towards life and enhances the expectations towards life and all these combined together enhance adverse effect on their well-being.

Dimension wise comparison of rural and urban geographical location for quality of life of diabetic patients reveals that patients of diabetes mellitus belonging to rural area compared with the patients of diabetes mellitus belonging to urban area are high on one dimension that is psychological/spiritual dimension of quality of life. On the other side, patients of diabetes mellitus belonging to urban area compared with the patients of diabetes mellitus belonging to rural area are high on three dimensions of quality of life namely health and family functioning, social and economic dimension and family dimension of quality of life.