

RELATIONSHIP BETWEEN COPING STYLE AND DECISION MAKING OF EMPLOYEES WITH TYPE II DIABETES

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Abstract

Marketing is all about finding ways to reach and communicate with different audiences. In fact, good salespeople are constantly dealing with different crowds, from different environments and fields. In this circumstance, it is highly impossible for the marketing employee with type II diabetes to take exclusively care of themselves. So there is need to identify the relationship between Coping style and Decision making in self management of diabetes mellitus inspite of their busy schedule. The present study was undertaken to know the relationship between Coping style and Decision making of employees with type II diabetes. 30 employees with type II diabetes were selected from the Marketing field in Chennai for the assessment of Coping style and Decision making. The coping style was assessed using “coping styles among adults with Type 1 and Type 2 diabetes” by Karlsen and Bru (1998) and Decision making was assessed using “Decision making questionnaire” by French DJ, West RJ, Elander J, Wilding JM (1993). A Pearson’s (r) correlation method was used to examine the relationship between the Coping style and Decision making of employees with Type II diabetes. The study revealed that there is a low relationship between Coping style and Decision making of employees with type II diabetes.

Keywords: Coping style, Decision making, Employees with Type II diabetes.

INTRODUCTION

Coping style

Coping style is a person’s characteristic strategies used in response to life problems or traumas. These can include thoughts, emotions or behaviors. (Nancy schimelpfening, 2011) Pearlin and Schooler, who define coping as behavior that protects people from being psychologically harmed by problematic social experiences. Coping serves a protective function that can be exercised in three ways: 1) by eliminating or modifying stressful conditions; 2) by perceptually controlling the meaning of the stressor; or

3) by keeping emotional consequences in bounds. The other commonly used definition is that of Lazarus and Folkman, who define it as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person." In other words, coping allows people to use various skills to manage the difficulties they face in life. The Lazarus and Folkman framework is process-oriented, not trait-oriented, and emphasizes that the approaches people use to cope change with time, experience, and the nature of the stressor rather than people being "pre-programmed" to use the same coping behaviors regardless of the stressful experience. Further, this approach limits the problem of confounding coping with outcome and avoids equating coping with mastery. In other words, coping is the process that is used to help master a problem, but coping does not necessarily mean that one has mastered the problem.

Decision making

It is a thought process of selecting a logical choice from the available options. When trying to make a good decision, a person must weigh the positives and negatives of each option, and consider all the alternatives. For effective decision making, a person must be able to forecast the outcome of each option as well, and based on all these items, determine which option is the best for that particular situation. Decreased treatment adherence in employees with diabetes mellitus type II may reflect impairments in decision-making and underlying associated deficits in coping skills. Other factors, including comorbid major depression, may also interfere with decision-making. Deficiencies in decision-making in employees with type II diabetes or their caregivers contribute to treatment non adherence and poorer metabolic control. Employees' involvement in decision-making is widely regarded as an important feature of good-quality healthcare.

Type II diabetes

Diabetes is one of the most important health problems and the most prevalent metabolic disease that necessitate constant care, and its side-effects are the most prevalent causes of the patients' death. According to the World Health Organization, in the future 25 years, the number of diabetic people will increased to twice as much as now, such that it will increase from 171 million patients in 2000 to 366 million patients in 2030. Coping with hypos, health emergencies, travel, driving, insulin, discrimination issues and even making decisions on when and what to eat, are all part of coping with type II diabetes. It is important to have a sick plan in place to help manage your diabetes during times of illness. While hypoglycaemia occurs when your blood glucose levels drop (usually below 4.0mmol/L) hyperglycaemia occurs when the levels are too high (usually above 15mmol/L). While hypoglycaemia occurs when your blood glucose levels drop (usually below 4.0mmol/L) hyperglycaemia occurs when the levels are too high (usually above 15mmol/L). Hypos can be caused by missing a meal, not eating enough carbohydrates for a

given dose of insulin, unplanned physical activity, strenuous exercise or drinking alcohol. Symptoms of a hypo are: Weakness, trembling or shaking, Sweating, Light headedness/headache, Lack of concentration, Behaviour change, Dizziness, Tearfulness/crying, Irritability, Numbness around the lips/fingers and Hunger. Hyperglycaemia is caused by not enough insulin, eating too much carbohydrate food, sickness or infection, stress or reduced physical activity. Symptoms of hyperglycaemia such as Excessive thirst, Lethargy, Frequent urination, Blurred vision, Lack of concentration and Change in behaviour (usually irritable).

REVIEW OF LITERATURE

Abazarian and Baboli et al. (2015) found that teaching problem solving and decision making skills was very effective in reducing diabetic patients' depression and anxiety and resulted in reducing their depression and anxiety. Kong Lee and Yun Low et al. (2015) Concluded that the concept of shared decision-making is still alien and a more participative communication style might help to facilitate patients' expression of DMRP. Patient decision-making role preference (DMRP) is a patient's preferred degree of control when making medical decisions.

Karlsen (2006) indicated that there is ample potential for improving active task orientation among adults with diabetes. It should, however, be of some concern that improving active coping may be associated with an increase in self-blaming. Zhang (2009) suggest that certain coping styles might moderate the association of psychological stress with anxiety and depressive symptoms in Chinese patients with Type 2 diabetes. Therefore improving active coping styles may moderate stress levels. Entwistle et al (2008) had practical attempts to involve patients in decisions about their care and for the conceptualisation and assessment of patient involvement. They suggest that practitioners who aspire to facilitate patient involvement should attend to the ethos they foster in consultations and the way they discuss problems as well as to the provision of information about treatment options and the scope patients have to influence decisions. Models and taxonomies of patient involvement in decision-making need to be developed to accommodate both problem-solving phases and the relational and subjective dimensions of involvement.

METHODOLOGY

The Theoretical and empirical literature review underlined the need for identifying the relationship between coping style and decision making of employees with Type II diabetes. The present study is designed as follows.

Objectives:

The objective of the present study is: To examine the relationship between coping style and decision making of employees with Type II diabetes.

HYPOTHESIS:

- There is no significant relationship between Coping style and Decision making of employees with Type II diabetes.

Research Design:

Research design with purposive sampling is used to examine the relationship between the coping style and decision making of employees with Type II diabetes.

Sample:

The sample of 30 employees with type II diabetes are selected from Marketing fields in Chennai for the assessment of Coping styles and Decision making.

The following table provides information of the participants with regard to demographic variables such as Age, gender, education, occupation, marital status, socio economic status and geographical location.

Table 1 presents the percentile range of demographic variables of employees with type II diabetes

Sl.No	Demographic variables	Dimensions	Number of samples (n=30)	Percentile range
1.	Age (years)	30-45	12	40 %
		46-60	18	60%
2.	Gender	Male	20	67%
		Female	10	33%
3.	Education	Non graduate	12	40%
		Graduate	18	60%
4.	Employment	Unemployed	13	43%
		Employed	17	57%
5.	Marital status	Unmarried	1	3%
		Married	29	97%
6.	Socio economic status	Middle class	18	60%

		Upper class	12	40%
7.	Geographical location	Semi urban	30	100%
		Urban	Nil	Nil

Assessment tools:

The following are the assessment tools used for the present study

- Personal data sheet
- Coping style was assessed using “coping styles among adults with Type 1 and Type 2 diabetes” by Karlsen and Bru (1998)
- Decision making was assessed using “Decision making questionnaire” by French DJ, West RJ, Elander J, Wilding JM (1993).

Description of tools:

- **Coping style questionnaire:**
Coping style was assessed using “coping styles among adults with Type 1 and Type 2 diabetes” by Karlsen and Bru (1998). Cronbach’s alphas vary between 0.70 and 0.85 and have proved validity.
- **Decision making questionnaire:**
Decision making was assessed using “Decision making questionnaire” by French DJ, West RJ, Elander J, Wilding JM (1993) and have proved reliability and validity.

STATISTICAL ANALYSIS

A Pearson’s (r) correlation method was used to examine the relationship between the coping style and decision making of employees with Type II diabetes.

RESULT AND DISCUSSION

The present study was aimed at studying the relationship between coping style and decision making of employees with type II diabetes based on the results of the coping style and decision making questionnaire. A Pearson’s (r) correlation method was done to test the hypothesis. The relationship between Coping style and Decision making were examined using ‘r’ value.

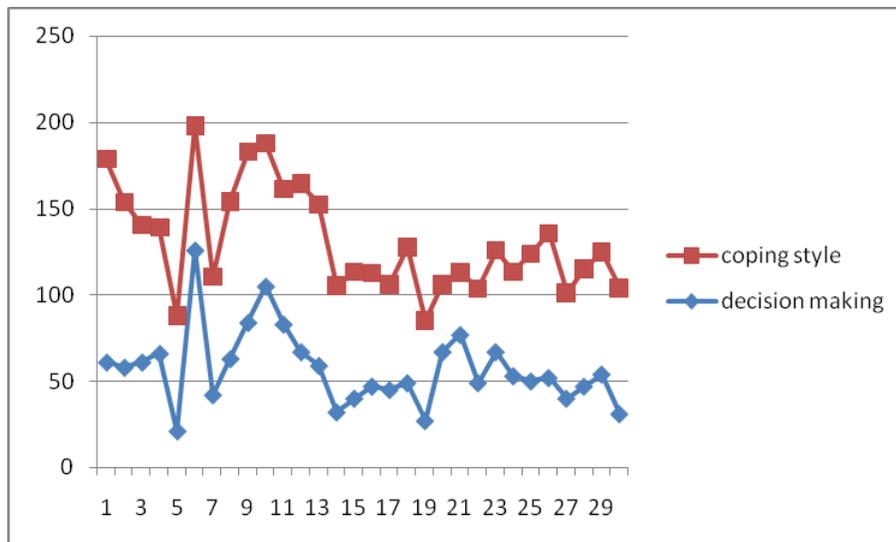
Table - 2 showing the Co-efficient of correlation of employees of Type II diabetes on Coping style and Decision making

Sl.no	Variable	N	Mean	S.D	Correlation co efficient (r)	P value (two tailed probability)	Level of significance

1.	Coping style	30	73	17.38	0.173	0.362*	Low correlation
2.	Decision making	30	57.43	22.12			

*Not significant at $p < 0.05$.

Graph – 1 showing scores of Coping style and Decision making of Employees with type II diabetes



INTERPRETATION:

Table 2 shows the Co-efficient of correlation of employees of Type II diabetes on Coping style and Decision making. The relationship between the Coping style and Decision making of employees with Type II diabetes were examined by using ‘r’ value. The obtained ‘r’ value is 0.173 shows low correlation. The present study showed that “There is no relationship between the Coping style and Decision making of employees with Type II diabetes”. The present study supports the hypothesis. Hence null hypothesis is accepted.

It implies that marketing employees with type II diabetes have their own style of coping with diabetes which is not influencing factor in taking decision regarding their health as well as in achieving professional targets. This may be due to growth of modern marketing arena such as Internet marketing, Search engine optimization, Blog marketing, Social media marketing, Print marketing, Search engine marketing, Video marketing and so on. Unlike earlier marketing platform, (where employees need to meet every organization and people to convey and convince their products) Modern marketing arena paves a way for employees with type II diabetes to spend more time on their health workouts and make them to adopt their changing life styles, by reducing their roaming time through

multiple platforms. Today, in 21st century, there are literally dozens of places marketer can carry out a marketing campaign, which enable them to achieve their professional targets irrespective of their health complications.

CONCLUSION:

The present study was aimed at studying the relationship between the Coping style and Decision making of Employees with Type II diabetes. From the findings, it can be stated that there is a low correlation between the Coping style and Decision making of employees with Type II Diabetes.

BIBLIOGRAPHY

1. Elaheh Abazarian, M Teimourzadeh Baboli, Elham Abazarian and F Esteki Ghashghaei(2015) "The effect of problem solving and decision making skills on tendency to depression and anxiety in patients with type 2 diabetes", journal of Adv Biomed Res 2015.
2. Entwistle V, Prior M, Skea ZC, Francis JJ.(2008) "Involvement in treatment decision-making: its meaning to people with diabetes and implications for conceptualization" Soc Sci Med. 2008.
3. Glasgow RE, Wagner EH, Kaplan RM, Vinicor F, Smith L, Norman J. If diabetes is a public health problem, why not treat it as one? A population-based approach to chronic illness. *Ann Behav.*
4. Goodall TA, Halford WK. Self-management of diabetes mellitus: a critical review. *Health Psychol.* 1991;10: 1 – 8.
5. Hunt LM, Pugh J, Valenzuela M. How patients adapt diabetes self-care recommendations in everyday life. *J Fam Pract.* 1998;46: 207 – 15.
6. Home P, Mant J, Diaz J, et al.; Management of type 2 diabetes: Summary of updated NICE guidance. *BMJ.* 2008; 336(7656):1306-8.
7. Karlsen & Bru (2010), "Coping styles among adults with type 1 and type 2 diabetes", journal of Psychology, Health & Medicine, published online: 19 Aug 2010, Volume 7, 2002.
8. Lutfey KE, Wishner WJ. Beyond "compliance" is "adherence". Improving the prospect of diabetes care. *Diabetes Care.* 1999;22: 635 – 9.
9. McNabb WL. Adherence in diabetes: can we define it and can we measure it? *Diabetes Care.* 1997;20: 215 – 8.
10. Zhang CX, Tse LA, Ye XQ, Lin FY, Chen YM, Chen WQ.(2009), "Moderating effects of coping styles on anxiety and depressive symptoms caused by psychological stress in Chinese patients with Type 2 diabetes" *Diabet Med.* 2009 Dec.
11. <https://www.ncbi.nlm.nih.gov/pubmed/17950508>
12. <https://www.hult.edu/blog/how-marketing-influences-our-daily-life/>

13. <http://www.advbiores.net/article.asp>
14. <https://doi.org/10.1080/13548500220139403>