

**UNIVERSITY GRANTS COMMISSION  
SPONSORED  
MINOR RESEARCH PROJECT  
IN PSYCHOLOGY**

**(SUMMARY)**

**TITLE**

**“QUALITY OF LIFE, REACTION TO FRUSTRATION AND COPING  
RESOURCES AS A PREDICTOR OF PSYCHOSOMATIC DISORDER”**

**BY**

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## SUMMARY

The study is designed to investigate the strength of association between, quality of life, reaction to frustration and coping strategy of an individual suffering from some psychosomatic disorder like asthma, diabetic and hypertension. Further, it also intends to study the differences among patients suffering from asthma, diabetics and hypertension on their quality of life, reaction to frustration and coping strategy.

### **The major objectives of the study:**

- ❖ To search the strength of association between quality of life and reaction to frustration among subjects suffering from asthma.
- ❖ To study the relationship between quality of life and coping strategy of subjects suffering from asthma.
- ❖ To search the strength of association between quality of life and reaction to frustration among subjects suffering from diabetics.
- ❖ To study the relationship between quality of life and coping strategy of subjects suffering from diabetics.
- ❖ To search the degree of relationship between quality of life and reaction to frustration among subjects suffering from hypertension.
- ❖ To study the relationship between quality of life and coping strategy of subjects suffering from hypertension.
- ❖ To differentiate among asthma, diabetic and hypertension patients on quality of life, reaction to frustration and coping.

### **Considering the objectives of the study, the following hypotheses are formed.**

- ❖ A significant negative relationship will exist between quality of life and reaction to frustration of asthma patient, as quality of life decreases reaction to frustration increases.
- ❖ A significant positive relationship will exist between quality of life and coping strategy of asthma patient.
- ❖ A significant negative relationship will exist between quality of life and reaction to frustration of diabetic patient, because with decreasing quality of life reaction to frustration increases.
- ❖ There is significant positive association between quality of life and coping strategy of diabetic patients.

- ❖ Quality of life and reaction to frustration of hypertension patients are negatively associated, because with decreasing quality of life reaction to frustration increases.
- ❖ There is significant positive association between quality of life and coping strategy of hypertension patients.
- ❖ There is significant difference among asthma, diabetic and hypertension patients on quality of life, reaction to frustration and coping. However, subjects belong to the groups of diabetic and hypertension shows high degree of reaction to frustration and coping than that of asthma patient.
- ❖ Asthma patient experience significantly better quality of life than that of diabetic and hypertension patients.

### **SAMPLE SELECTION**

The effective sample of the study was consisted of total 600 subjects classified as 200 asthma patients, 200 diabetic and 200 hypertension patients. The subjects were selected randomly using stratified random sampling technique, from various hospitals (Govt. & Private) of Nagpur city. The age of the subjects was ranges from 45 to 65 yrs. No sex differences were considered.

### **TOOLS USED**

#### **World Health Organization Quality of life instrument:**

The instrument is developed cross-culturally with rigorously tested to assess its validity and reliability on different populations and countries to be compared. It consisted of 26 items. It measure six broad domains of quality of life namely, physical health, psychological health, level of independence, social relationships environment and spirituality.

#### **Reaction to frustration scale (RFS):**

The scale is developed by Dr. M.B. Dixit and D.N. Shrivastave. The scale consisted of 40 items with multiple choice options. The scale measure four modes of reaction to frustration namely Aggression, Resignation, Fixation and Regression.

#### **Coping Resource Inventory (CRI):**

The inventory is constructed and developed by M. Susan, Marting Allen, and L. Hammes, consisted of 60 items. The inventory measure five domains of coping resources namely, Cognitive, Social, Emotional, Spiritually Philosophical and Physical.

## **VARIABLES UNDER STUDY**

In the present study both the correlational as well as comparative approach are adapted. In correlational approach, quality of life was treated as predictor variable whereas, reaction to frustration and coping resources were treated as criterion variables.

## **RESEARCH DESIGN:**

This is a non-experimental ex-post-facto type of research. In the present study, in order to search the relationship among predictor and criterion variables correlation design was used. However, to find the differences among asthma, diabetic and hypertension patient, on quality of life, reaction to frustration and coping strategy; more than two randomised group design was used.

## **STATISTICAL TREATMENT OF DATA:**

After ensuring that (through skewness and kurtosis), the data is normally distributed, in the first stage, Mean and Standard Deviation was calculated. In the second stage, the data was treated by Pearson's Product Moment Correlation. Finally, regression analysis was used, wherever necessary regression graph have been plotted. In order to differentiate among asthma, diabetic and hypertension patients, on quality of life, reaction to frustration and coping, one way ANOVA was applied, however to search the intergroup mean differences scheff's Test of Multiple Comparison is used.

## **FINDINGS**

The finding of the study reveals that, with decreasing quality of life, reaction to frustration increases among all three groups of patient. A significant positive relationship exist between quality of life and coping strategy of diabetic and hypertensive patients, however, no significant relationship exist between quality of life and coping strategy of asthma patients. As compared to asthma patients, diabetic and hypertensive patients found much poor on quality of life and reaction to frustration. On coping, diabetic and hypertensive patients found much better than asthma patients.

## **LIMITATIONS**

Before generalizing the finding of the study, the following limitations should be taken in to know.

This study was conducted only on asthma, diabetic and hypertensive patients, and the geographical area was restricted to one district only. The same study should be conducted in a broader perspective related to some more psychosomatic disorders.

The study was conducted only on 600 subjects; perhaps the sufficient large number of sample would have given better precision in prediction.

### **SUGGESTION AND RECOMMENDATIONS**

The research was concentrated on a very few psychosomatic disorders. Since the researcher being a doctor himself, the collection of subject was not been a problem. Researcher personally and individually was familiar with number of patients. Since the research was limited to particular number of subjects, a number of other patients wanted to know their quality of life, reaction to frustration and coping. The new researcher should enlarge its bulk of subjects.

Psychosomatic disorder is a burning problem in our society and it is basically found to be present in middle aged individuals. So the researcher should create such a favourable atmosphere which may help the subjects under the spell to unfold its problem before being detected, so that the clinical psychologist would get a readymade solution to cope up with.

The researcher should have scale/inventory making it possible to categories into various groups of psychosomatic disorder.

On quality of life, reaction to frustration and coping, the results though significant, appear to be asking for more probe as they do not match the respective groups. This might occur due to the limited number of subjects in each group. With the number of subjects increased in new research the results would match.

As the study makes it quite clear that psychosomatic disorder is related to quality of life, the government should include some programme in schools colleges and govt. Offices to increase the level of quality of life, so that they should know their problems and try to maintain their quality of life.

Behaviour is such a phenomenon which is related to every living creature in society as whole and when every human being has an opportunity to get how behaviour forms, develops sustains, changes and modified. Why should not the governing bodies in the field of mental health think; it is necessary to introduce psychology in a curriculum as one of the main subject.

