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SOCIAL AND PSYCHOLOGICAL PROBLEMS AMONG DIABETES PATIENTS

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ABSTRACT

This study aimed to examine the extent of social and psychological challenges faced by diabetic patients and to identify significant statistical differences in their responses based on gender, residence, age, and disease duration. To collect data, the correlational descriptive approach was employed, with a study population comprising all diabetic patients aged 15 years and older. A purposeful sample of 343 diabetes individuals aged 15 years and older was utilized. The results of the study revealed that the mean scores for social problems ranged from 2.64 to 3.29, with an overall average of 2.99, indicating a moderate level of social challenges. For psychological problems, the mean scores ranged from 2.50 to 3.60, reflecting a high level of psychological distress. However, no statistically significant differences were found in participants' responses regarding social and psychological issues based on gender, residence, age, or disease duration.

KEYWORDS: Social Problems, Psychological Problems, Diabetes.

1. INTRODUCTION

Social and psychological issues may arise from the characteristics of the illness, as well as from parents' perceptions of it. This can result in a desire to conceal the illness's reality and evoke profound sadness related to the child's altered appearance. The intense focus on the sick child often leads to the neglect of other children, exacerbating parents' feelings of guilt and potentially impacting the overall dynamics of family life. Consequently, it is essential to focus on the environment of the ill child, as influenced by their family, and to enhance family resilience. This approach is crucial for addressing the social and psychological changes within the family that significantly impact family cohesion (Fawzi, 2004).

Humans exist within a societal framework and maintain a reciprocal relationship with their environment, both impacting and being impacted by it. A human being is a psychological and social entity whose personality is influenced by the interplay of genetic and cultural environmental factors, along with a range of physical, psychological, and personal traits that differentiate them. Humans exhibit a range of responses to environmental situations, events, and stimuli, striving to adapt and adjust accordingly. The human element is a critical factor in continuous development, serving as the foundation of production, with its skills directly influencing the adequacy and efficiency of the organization.

Human factors must be central to development, work, and production, particularly regarding psychological stability. Satisfaction contributes to an optimal work environment, while life satisfaction is a psychological characteristic that emerges from an individual's assessment of their quality of life, influenced by their feelings, emotions, attitudes, and capacity to engage with their surroundings. This encompasses their sense of security, the adequate fulfillment of their needs, their satisfaction with the provisions made, and their sense of appreciation (Tuffaha, 2009).

Diabetes constitutes a significant cause of mortality in numerous countries. Annually, numerous fatalities are linked to diabetes-related conditions. Individuals with diabetes have a two to fourfold increased risk of developing cardiovascular diseases relative to those without diabetes. Individuals also experience elevated levels of stress, anxiety, and psychological pressure upon receiving a diagnosis of the disease. This topic warrants attention and discussion to enhance understanding of diabetes, facilitate effective management, and

address the associated social and psychological challenges faced by patients.

Statement of the Problem

Diabetes is regarded as one of the most prevalent diseases, resulting in many physiological, social, and psychological issues. With the rise of diabetic patients, individuals have social and psychological challenges that may impact their interactions and communication within their social milieu. Humans consistently endeavor to engage and communicate with their surroundings and circumstances, seeking harmony and coexistence, which often leads to the successful attainment of their aims and desires. Nevertheless, they often neglect to address those situations and challenges, resulting in frustration and psychological disturbances that adversely affect their behavior and interpersonal interactions; numerous instances illustrate their impact on an individual's conduct and the essence of their personality.

One significant issue is the individual's diminished sense of satisfaction, which stems from feelings of boredom related to their illness or from experiencing psychological burnout. The individual can withstand psychological pressures and associated difficulties to fulfill essential life requirements, including food, clothing, housing, and insurance, which aid in addressing additional needs. Diabetes can lead to various complications as well as social and psychological issues.

Given the rising prevalence of illness in society, an additional entity is necessary to assist governmental bodies and enhance their capacity to address social needs. Experts in development concur that collaboration among government, private sector, and non-profit civil institutions is essential for attaining genuine development. Professional intervention is often viewed as a proactive measure in addressing various social and psychological issues, leading to the establishment of developmental plans or programs that serve as models for others. This study aims to address the following primary question: What are the primary social and psychological issues faced by diabetes patients? This leads to the emergence of several sub-questions as follows:

Research Questions

1. What is the extent of social issues faced by diabetes patients?
2. What is the prevalence of psychological issues among patients with diabetes?
3. Are there statistically significant differences in

the mean responses of study sample members concerning the social and psychological issues faced by diabetes patients, as attributed to the variables of gender, place of residence, age, and duration of the disease?

Hypotheses of the Study

1. There are no statistically significant differences at ($\alpha \leq .05$) level between the mean responses of study sample members concerning the social and psychological problems of diabetes patients related to the gender variable.
2. There are no statistically significant differences at ($\alpha \leq .05$) level between the mean responses of individuals in the study sample concerning the social and psychological problems of diabetes patients related to the variable of place of residence.
3. No statistically significant differences were found at the significance level ($\alpha \leq .05$) in the mean responses of study sample members concerning the social and psychological problems of diabetic patients related to the age variable.
4. No statistically significant differences exist at the significance level ($\alpha \leq .05$) among the mean responses of study sample members concerning the social and psychological issues faced by diabetes patients, as related to the duration of the disease.

Objectives of the Study

1. Assessing the extent of social issues faced by individuals with diabetes.
2. Assessing the extent of psychological issues among individuals with diabetes.
3. Identifying the most notable statistically significant differences in the average responses of the study sample regarding the social and psychological issues faced by diabetes patients, as influenced by various variables: (gender, location of residence, age, and length of the illness)

Significance of the Study

The theoretical significance lies in illuminating a crucial topic concerning the social and psychological challenges faced by diabetes patients. This study will also act as a valuable resource for the local library, benefiting students and those engaged in related inquiries.

Real-world implications: the findings of this study will provide valuable insights for decision-

makers and citizens alike, enhancing their understanding of the lifestyle factors linked to diabetes. By addressing the risk factors that contribute to social and psychological challenges, it will be possible to raise awareness about the associated dangers and their detrimental effects on social interactions.

Furthermore, individuals working in the medical, social, and psychological domains will gain insights from the study's findings, enabling them to create awareness and guidance initiatives for patients and their families, thereby aiding in the process of social integration and enhancing their psychological and social adaptation.

Limitations of the Study

Human limitations: The sample of the study includes individuals diagnosed with diabetes, aged 15 years and older, across all genders.

Locative limitations: The regions of Bethlehem and Hebron located in the southern West Bank.

Temporal Limitations: The study commenced in September 2024 and concluded in December 2024.

Definitions of Terms

Psychological issues: a challenge experienced by an individual, encompassing both organic and psychological symptoms, which are evident in cognitive and emotional illnesses (Al-Mansouri, 2008).

Mental health issues: in a procedural manner the deficiency of awareness among diabetic patients and their unfamiliarity with disease care techniques contribute to the onset of problems, tension, and worry, subsequently resulting in increased blood sugar levels.

These are behavioral problems arising from the sensation of helplessness encountered by patients, including sadness, anxiety, dread, rejection, and denial.

Social problems: (Linguistically) (The Problem Social) originates from the term "ashkal," which signifies ambiguity, and ambiguity refers to that which is unclear. According to the fundamentalists, comprehension is contingent upon evidence provided by an external source (Madkour, 2004: 98).

Social issues: (Terminologically): Conditions and occurrences that conflict with societal standards and demand attention, arising within the social context, requiring structured social intervention aimed at resolving and eradicating them, and necessitating the collective support of community members to enhance and transform their social circumstances (Abdul Salam and Al-Sharida, 2020: 132).

Social problems: (Operationally): The challenges and expressions of deviation and abnormality in social conduct, as well as the indicators of inadequate adaptation to appropriate social behavior that an individual encounters, which diminish their efficacy and social competence, and restrict their capacity to establish successful social relationships and attain the desired social acceptance.

Diabetes is a prevalent chronic condition characterized by elevated blood glucose levels, arising from dysfunction in the pancreatic islets of Langerhans, the organ responsible for insulin secretion. It transpires when the body fails to produce sufficient insulin, or when the existing insulin is rendered useless due to inadequate cellular reception, leading to elevated blood glucose levels instead of cellular uptake. (National Reference for Diabetes Patient Education, 2011, p. 21)

Framework and Previous Studies

The General Systems Theory is regarded as one of the initial frameworks that elucidated the functional interrelations among the components of the human body, perceived as a biological system comprising several subsystems, including the nervous system. The failure of one system will adversely impact the performance of the other systems. This elucidates the interconnections among these systems as subsystems and their influence on the overall functionality of the human body (Suleiman, 2005).

The dynamic theory of problem-solving posits that each individual is a rational and logical entity, endowed by God with the capacity for reason and insight to confront challenges. Nevertheless, when an individual faces sudden and intense circumstances, they rapidly lose this awareness and become unable of addressing them (Metwally, 2009).

The modified behavioral theory refutes the analytical theory that posits emotions as the primary source of behavior. This theory posits that reinforced habits serve as the foundation for personality traits and direct behavior. It has been utilized for the treatment of addiction, juvenile delinquents, and related issues, relying on five components. The "aversion therapy model for addicts" emerged from this comprehensive theory, involving the exposure of the addict to painful reactions at the moment of use (Abu As'ad and Arabiyat, 2012).

The symbolic interactionist theory posits that humans are inherently social beings, dependent on

interactions with others rather than existing as isolated individuals. The theory relies on establishing an environment conducive to industrial or planned interaction, leading to the emergence of "exchange groups," which are characterized by reciprocal giving and receiving among members (Metwally, 2009).

The Psychological Factors Affecting Diabetes Patients

Diabetes is a chronic disease that impacts various facets of the lives of affected individuals, particularly children and adolescents, and may intersect with their psychological and social development. The functional performance of the entire family is further complicated from the moment the disease is identified in their children, as outlined by Ben Armoom (2015):

1. **Shock:** the disclosure of a chronic illness in a child or adolescent elicits shock among parents, stemming from the painful reality, disbelief, and denial associated with such news. They pose questions that reflect their astonishment, leading to feelings of anger and guilt. Families may consult multiple physicians to verify the diagnosis, and they may experience a mourning period for the loss of the anticipated ideal child.
2. **Psychological pressures:** the illness amplifies the family's economic and social obligations, necessitating modifications in their customary activities to improve the patient's capacity to manage the illness, particularly regarding dietary needs, treatment protocols, and their appropriate implementation, especially during the initial stages. The patient's (child or adolescent) non-responsiveness to treatment is evident, stemming from an inability to accept the illness, which heightens their reliance on others, particularly the mother, who becomes the focal point of interaction and the direct or indirect target of blame from relatives, society, and occasionally the spouse. Parents may suffer irritation stemming from their apparent incapacity to care for their child owing to the child's hospitalization.
3. **Fear and anxiety:** parents have apprehension and trepidation for the patient's condition, particularly considering the disease's acute and chronic problems, especially if the family has a history of members afflicted by the same disease and its ramifications. The disease's picture lingers in their brains, and their worry

and anxiety may escalate if the patient is a teenager and noncompliant with treatment obligations. Parents may exhibit overly protective behavior towards the teenager, perpetuating a childlike state and deriving additional benefits from it. This impacts their familial relationships, particularly with siblings, and has consequences for the marriage bond between the parents, as the mother overlooks this dimension and is consumed by her maternal instincts, prioritizing the disease and the patient above all else.

According to Mohamed and Hamouda (2014), the psychological consequences on diabetes patients are as follows:

1. **Sense of inferiority:** It engenders adverse emotions regarding oneself, including thoughts of inadequacy and a detrimental self-image.
2. **Experiencing anxiety:** It induces sensations of apprehension.
3. **Experiencing sadness:** It evokes emotions of sorrow and despair.
4. **Elicitation of despair and helplessness:** It induces sentiments of despair and helplessness.
5. **Worry:** It elicits sentiments of worry, which can be categorized into two types: fear of health consequences associated with the condition and fear of future love relationships.

2. PREVIOUS STUDIES

The research conducted by Dhari, Abdul Hussein, and Khalil (2021) sought to reveal the prevalent psychological and social issues faced by orphaned children at the Kafil Al-Yateem mixed school, as perceived by their educators, and to ascertain the variations in these issues based on gender. The research employed a descriptive methodology, with a sample of 478 youngsters, comprising 329 males and 149 females, categorized into six stages. A measurement instrument was developed, encompassing 36 behavioral issues that were administered to the sample. The study concluded with the following principal findings: the child's separation from one or both parents has elicited feelings of melancholy, depression, and social isolation, with statistically significant differences favoring females based on gender.

Al-Najjar and Mohamed (2015) sought to identify the predominant psychological and social issues among a sample of teenagers from divorced families

in a comparative analysis. The study sample comprised 60 second-year secondary school students, male and female, from both rural and urban locales, residing with either their father or mother. The comparative descriptive methodology was employed. The study concluded with the following important findings: there were no statistically significant differences between the average scores of males and females on the overall measuring score and certain aspects (anxiety, disruption of relationships with parents and siblings). Nonetheless, statistically significant differences were observed in the realm of psychological estrangement favoring females, while disruptions in interactions with teachers favored males.

Saadia's (2012) study aimed to elucidate the correlation between psychological and behavioral issues in children during the initial three years of primary education and their academic performance in rural regions of the Idjhi district in Tizi Ouzou, Algeria, alongside the disparities in average scores of psychological and social problems based on gender. The descriptive approach was employed, and the study sample comprised 300 students who underwent the Diagnostic Interview Schedule for Children. The study concluded with the following principal findings: a weak inverse correlation between psychological issues (anxiety, tantrums in children) and academic performance, and an inverse correlation between domestic behavioral issues and peer relationships, as well as school-related breakdowns and academic performance. No distinctions in psychological and behavioral issues were ascribed to the gender variable.

Al-Muzeen 's (2011) study sought to uncover the administrative and behavioral issues faced by orphan pupils in private Islamic schools, as perceived by their teachers. The study was done on a sample of 111 participants using a thorough survey method, which included a questionnaire, and the researcher adopted a descriptive analytical approach. The research culminated in the subsequent principal findings: The incidence of administrative and behavioral issues was moderate, with a relative weight of 51.8%, and no disparities were observed in instructors' responses to the challenges faced by orphan pupils based on the characteristics of gender, specialization, and years of service.

The research conducted by Papadopoulos, A. A., Kontodimopoulos, N., Frydas, A., Ikonomakis, E., & Niakas, D. (2007) sought to forecast the health-related quality of life for individuals with type 2

diabetes in Greece. It utilized a descriptive methodology and employed a questionnaire to gather field data from a sample of 229 persons. The research culminated in the subsequent principal findings: A reduction in physical performance in older demographics, correlated with the aging process.

The correlational descriptive method was employed to gather quantitative data regarding the respondents and to assess and interpret the most pressing social and psychological issues faced by diabetes patients.

The study population: comprised all diabetes patients aged 15 and above in the Bethlehem and Hebron governorates. The total number of patients could not be ascertained as some had not registered with the official health departments of the Ministry of Health.

The study employed a purposive sample of 343 diabetes patients aged 15 and above from the governorates of Bethlehem and Hebron, to whom the questionnaire was administered. Table 1 delineates the demographic characteristics of the sample.

Age	From 15 to less than 35	86	25.1
	From 35 to less than 55	112	32.7
	more than 55	145	42.3
Education	High school and less	207	60.3
	From 1 year to less than 5 years	107	31.2
	More than 5 years	179	52.2

The questionnaire tool was employed to gather field data and was structured into two sections: the first section included personal information, while the second comprised the questionnaire items.

The accuracy of the tool

a) Apparent validity: a group of five specialists was provided with the instrument to offer scientific, linguistic, and grammatical feedback. The researchers subsequently revised the document in response to the reviewers' feedback, modifying

certain passages and removing others.

b) Construct validity: the construct validity of the tool was evaluated using the research sample, showing item correlation coefficients ranging from 0.56 to 0.81, which were considered acceptable and statistically significant.

Instrument reliability: To determine the reliability of the study instrument, utilize the Cronbach's Alpha formula as demonstrated in Table No. (2).

Table 2: Reliability of the study tool Cronbach's Alph.

Field	Number of paragraphs	Cronbach's alpha
Social issues	12	0.92
Psychological issues	14	0.94
Total rank	16	0.96

The above table illustrates that the Cronbach's alpha reliability coefficients for the research tool domains ranged from 0.92 to 0.94, and the overall Cronbach's alpha reliability coefficient reached 0.96. These numbers are considered elevated.

3. RESULTS AND DISCUSSION

This section view the discussion of the results of the research questions that the research means to answer.

The first main question: what are the most significant social and psychological problems that diabetic patients face?

To answer this question, the researchers calculated the arithmetic means and standard deviations for the domains of the social and psychological problems level that diabetic patients face from their point of view, who are (15) years old or older as shown in Table (3) below.

Table 3: Arithmetic Means and Standard Deviations for the Domains of the Social and Psychological Problems Level That Diabetic Patients Face.

Domain's num	Domain	Arithmetic means	Standard deviations	Level
1	Social problems	2.99	0.95	Medium
2	Psychological problems	2.92	0.98	Medium
Total degree		2.92	0.92	Medium

The previous table shows that the arithmetic mean of the study sample's estimates of the degree of the social and psychological problems level for diabetics was (2.95) with a medium level. While the arithmetic means of the areas of the social and psychological problems level for diabetics ranged between (2.92-2.99). The "social problems" domain came first, with an arithmetic mean of (2.99) and a medium level. Moreover, the "psychological problems" domain came in second place, with an arithmetic mean of (2.92) and medium level. The levels of arithmetic means and standard deviations

of the study sample members were calculated on the paragraphs of each area of the social and psychological problems level for diabetics separately to answer the sub-questions of the study as follows:

The first sub-question: What is the level of social problems that diabetics patients face?

To answer the first sub-question, the arithmetic means and standard deviations were calculated for the field of social problems for diabetics from the perspective of diabetics who are (15) years old or older as shown in Table (4) below.

Table 4: Arithmetic Means, Standard Deviations, and Paragraph Arrangement for the Field of Social Problems.

Paragraph number	Arrangement	Paragraph	Arithmetic means	Standard deviations	Level
1	4	I have difficulty participating in social events.	3.10	0.94	Medium
2	1	I would like to receive economic aid from support institutions.	3.29	1.03	Medium
3	5	I participate in housework with difficulty	3.10	0.83	Medium
4	6	I complete my work with difficulty.	3.08	0.85	Medium
5	11	I suffer from family problems due to my illness.	2.70	0.94	Medium
6	8	I have few close social friends.	2.95	0.84	Medium
7	10	I do not accept the opinions of others with an open heart.	2.78	0.82	Medium
8	2	I cannot bear the family's Financial burdens.	3.17	1.05	Medium
9	7	I cannot participate with others in solving their problems.	2.97	0.86	Medium
10	3	I cannot participate with others in cooperative group work.	3.11	0.89	Medium
11	12	I face difficulty establishing good relationships with others.	2.64	0.86	Medium
12	9	I cannot perform my duties to the fullest.	2.95	0.84	Medium
Total degree			2.99	0.95	Medium

The previous table shows that the arithmetic averages of the study sample members' answers to the social problems field paragraphs ranged from 2.64-3.29. The paragraph "I would like to receive economic aid from support institutions." came in first place with an arithmetic average of (3.29) and an average rating. While the paragraph "I face difficulty establishing good relationships with others." came in last place, with an arithmetic average of (2.64) and an average rating. The arithmetic average for the social problems field was (2.99) with a medium level. The level of social problems of diabetics was medium. The researchers explain that diabetics do not find it difficult to participate in social events and do housework. Besides, they want to receive social and

moral support from their family and supporting institutions. Moreover, this disease does not always cause them family problems. They also have few socially close friends. They do not easily tolerate the opinions of others and financial burdens, and they cannot participate with others in solving their problems.

The second sub-question: What is the level of psychological problems that diabetic patients face?

To answer the second sub-question, the arithmetic means and standard deviations were calculated for the field of psychological problems that diabetic patients face from the perspective of diabetic patients who are (15) years old as shown in Table (5) below.

Table 5: Arithmetic Means, Standard Deviations, and Paragraph Arrangement for the Field of Psychological Problems.

Paragraph number	Arrangement	Paragraph	Arithmetic means	Standard deviations	Level
1	2	I feel sad sometimes.	3.49	3.49	High
2	1	I get angry for the least reasons.	3.60	3.60	High
3	4	I feel fear and anxiety for no reason.	3.24	3.24	Medium
4	6	I find it difficult to make my own decisions.	2.92	2.92	Medium
5	3	I suffer from absent-mindedness sometimes.	3.31	3.31	Medium
6	9	I feel a loss of self-confidence in many situations.	2.73	2.73	Medium
7	5	It hurts me when I fail to do many tasks.	3.09	3.09	Medium
8	12	I suffer from disturbing dreams.	2.60	2.60	Medium
9	11	I perform my duties by relying on others.	2.69	2.69	Medium
10	8	I feel that I am oppressed in the society.	2.74	2.74	Medium
11	10	I am constantly frustrated by those around me.	2.71	2.71	Medium
12	13	I feel that I am less than others are.	2.50	2.50	Low
13	7	Hesitation causes me many psychological problems.	2.81	2.81	Medium
14	14	I find it difficult to talk to others.	2.50	2.50	Low
Total degree			2.92	0.98	Medium

The previous table shows that the arithmetic averages of the study sample members' answers to the psychological problems domain paragraphs ranged from 2.50-3.60. The paragraph "I get angry for the least reasons." came in first place with an arithmetic average of (3.60) and a high level. While the paragraph "I find it difficult to talk to others" came in last place, with an arithmetic average of (2.50) and a low level. The arithmetic average for the psychological problems domain was (2.92) with a medium level. The level of psychological problems for diabetics is medium. The researchers explain that diabetics get angry for the least reasons and always feel anxious and sad for no reason. In addition, disturbing dreams are an obsession for them, which makes it difficult for them to make their decisions, which makes them always absent-minded. Moreover, they lose self-confidence in many situations they face, which results in their failure in many of the tasks they want to do. It appears also that they always feel frustrated by those around them and others, that they are less than they are and are oppressed in society and are

often hesitant. This causes them many psychological problems, making them depend on others to do many tasks.

The result of the third sub-question: Are there statistically significant differences between the average responses of the study sample members to the social and psychological problems that diabetic patients face attributed to the variables: (gender, place of residence, age, and time of the disease)?

To answer the third sub-question, the following hypotheses were examined:

Hypothesis 1: There are no statistically significant differences at the level of statistical significance ($\alpha \leq 0.05$), between the average responses of the study sample members to the social and psychological problems that diabetic patients face attributed to the gender variable.

To examine the hypothesis and determine the differences according to the gender variable, the (T) test for two independent groups (Independent Samples T-test) was used as shown in Table (6) below.

Table 6: Shows the Results of the (T) Test for the Significance of Differences for the Total Degree and the Domains of the Social and Psychological Problems Level That Diabetic Patients Face Attributed to the Gender Variable.

Domains	Gender	Number	Arithmetic means	Standard deviations	T value	Level of significance
Social problems	Male	133	2.85	0.97	-2.08	0.04*
	Female	209	3.07	0.93		
Psychological problem	Male	132	2.87	0.88	-0.80	0.42
	Female	208	2.96	0.93		
Total degree	Male	133	2.86	0.92	-1.46	0.14
	Female	209	3.01	0.87		

*Statistically significant at the significance level ($*p < .05$)

The previous table shows no statistically significant differences at the level of statistical significance ($\alpha \leq .05$) between the average responses of the study sample members to the level of social and psychological problems that diabetic patients face. This is attributed to the gender variable on the total degree and the field of psychological problems. As for social problems, the differences were in favour of females. The researchers explain this result by saying that the nature of psychological problems greatly affects diabetic patients of both sexes, whether male or female, to the same degree. On the other hand, social problems affect females more than males. This can be explained by the fact that females do not leave the house frequently and that the family does not pay more attention to females than to males.

This result agreed with the results of the study of Dhari, Abdul Hussein, and Khaleel (2021), which confirmed that the statistical differences according to the gender variable were in favour of females. In addition, it agreed with the study of Al-Najjar and

Mohamed (2015), which confirmed the existence of statistically significant differences in the dimension of subscription and psychological alienation in favour of females. While it differed from the results of the study of Saadia (2012), which did not show differences in both psychological and behavioural problems attributable to the gender variable. It also differed from the study of Al-Muzeen (2011), which confirmed that there were no differences in teachers' responses to the problems of orphan students attributable to the gender variable.

Hypothesis 2: There are no statistically significant differences at the level of statistical significance ($\alpha \leq .05$), between the average responses of the study sample members to the social and psychological problems that diabetic patients face attributed to the variable of place of residence.

The arithmetic means of the total degree and the areas of the social and psychological problems level that diabetic patients face were extracted. Table No. (7) below shows the results:

Table 7: Arithmetic Means of the Total Degree and the Areas of the Social and Psychological Problems Level That Diabetic Patients Face According to the Variable of Place of Residence.

Domains	Place of residence	Number	Arithmetic means	Standard deviations	T value	Level of significance
Social problems	City	99	2.96	0.84	-0.36	0.72
	Village	243	3.00	0.99		
Psychological problem	City	99	2.83	0.92	-1.16	0.25
	Village	241	2.96	1.03		
Total degree	City	99	2.89	0.81	-0.89	0.38
	Village	243	2.98	0.97		

Statistically significant at the significance level ($p < .05$)

The previous table shows no statistically significant differences at the level of statistical significance ($\alpha \leq .05$), between the average responses of the study sample members to the level of social and psychological problems that diabetic patients face attributed to the variable of place of residence. This result is consistent with the results of the study of Al-Najjar and Mohamed (2015), which confirms that there are no statistically significant differences at the level of significance (0.01), between the rural community (females/males) and the urban community (females/males).

The researchers attribute this result to the fact that the social and psychological problems that affect diabetic patients are the same problems for

patients whether they are city residents, village residents, or camp residents. This is due to the existence of the same customs, traditions, and culture whether in the city or the village, in addition to that they receive the same assistance from the institutions operating and caring for diabetic patients.

The responses of the study sample individuals to the social and psychological problems of diabetics are attributed to the age variable.

The arithmetic means of the total degree and the domains of the social and psychological problems level for diabetics were extracted as shown in Table (8) below.

Table 8: The Arithmetic Means of the Total Degree and the Domains of the Social and Psychological Problems Level for Diabetics According to the Age Variable.

Domains	Age	Number	Arithmetic means	Standard deviations
Social problems	15 to less than 35 years	85	2.92	0.80
	35 to less than 55 years	112	2.90	0.99
	55 years and above	145	3.09	0.99
Psychological problem	15 to less than 35 years	85	2.96	0.90
	35 to less than 55 years	112	2.93	1.03
	55 years and above	143	2.90	1.04
Total degree	15 to less than 35 years	85	2.94	0.79
	35 to less than 55 years	112	2.91	0.97
	55 years and above	145	3.00	0.97

The previous table shows that there are clear differences between the arithmetic means, depending on the age variable. To find out if these

differences are statistically significant, the One-way ANOVA test was used for more than two independent groups, as shown in Table (9) below.

Table 9: Results of the One-way Analysis of Variance Test (ANOVA), to Test the Level of Significance of the Differences for the Total Degree and the Areas of the Social and Psychological Problems Level That Diabetic Patients Face According to the Age Variable.

Domains	Source of variance	Sum of square	Freedom degrees	Square means	F value	Level of significance
Social problems	Intergroup	2.95	2	1.47	1.63	0.20
	Within group	306.13	339	0.90		
	Degree	309.08	341			
Psychological problem	Intergroup	0.19	2	0.10	0.10	0.91
	Within group	338.42	337	1.00		
	Degree	338.62	339			
Total degree	Intergroup	0.48	2	0.24	0.28	0.76
	Within group	291.02	339	0.86		
	Degree	291.50	341			

*Statistically significant at the significance level (*p < .05)

The previous table shows no statistically significant differences at the significance level ($\alpha \leq .05$), between the average responses of the study sample members to the level of social and psychological problems that diabetic patients face attributed to the age variable. This result differs from the results of the study of Papadopoulos, A. A., Kontodimopoulos, N., Frydas, A., Ikonomakis, E., & Niakas, D. (2007).) This confirms the decrease in diabetes in the physical performance of older age groups, which is associated with aging. In this case, The researchers attribute this result to the fact that diabetic patients have the same social and psychological problems regardless of their age,

whether they are elderly, young or childhood. Where the age variable does not affect the social and psychological problems that diabetic patients face.

Hypothesis 3: There are no statistically significant differences at the significance level ($\alpha \leq .05$), between the average responses of the study sample members to the social and psychological problems that diabetic patients face attributed to the variable of the time period of the disease. The arithmetic means of the total score and the domains of the social and psychological problems level that diabetic patients face were extracted. The results are shown in Table (10) below.

Table 10: Arithmetic Means of the Total Score and Domains of the Social and Psychological Problems Level That Diabetic Patients Face According to the Variable of the Time Period of the Disease.

Domains	Time period of the disease	Number	Arithmetic means	Standard deviations
Social problems	Less than a year	56	3.01	0.96
	one year to less than 5 years	107	3.03	0.95
	5 years or more	179	2.96	0.95
Psychological problem	Less than a year	56	3.10	0.98
	one year to less than 5 years	107	3.01	1.01
	5 years or more	177	2.82	0.99
Total degree	Less than a year	56	3.05	0.92
	one year to less than 5 years	107	3.02	0.94
	5 years or more	179	2.89	0.92

*Statistically significant at the significance level (*p < .05)

The previous table shows that there are clear differences between the arithmetic means, depending on the variable of the time period of the disease. To find out if these differences are

statistically significant, the One-way ANOVA test was used for more than two independent groups. Table (11) below shows this.

Table 11: Results of the One-way Analysis of Variance Test, to Test the Level of Significance of the Differences for the Total Score and the Areas of the Social and Psychological Problems Level That Diabetic Patients Face According to the Variable of the Time Period of the Disease.

Domains	Source of variance	Sum of square	Freedom degrees	Square means	F value	Level of significance
Social problems	Intergroup	0.38	2	0.19	0.21	0.81
	Within group	308.70	339	0.91		
	Degree	309.08	341			
Psychological problem	Intergroup	4.56	2	2.28	2.30	0.10
	Within group	334.05	337	0.99		
	Degree	338.62	339			
Total degree	Intergroup	1.87	2	0.94	1.09	0.34
	Within group	289.63	339	0.85		
	Degree	291.50	341			

The previous table shows that there are no statistically significant differences at the significance level ($\alpha \leq 0.05$) between the average responses of the study sample members to the level of social and psychological problems of diabetics attributed to the variable of the time period of the disease. This result did not agree or differ with any of the results of previous studies as they did not address the variable of the current study. The researchers attribute this result to the fact that diabetics have the same social and psychological problems regardless of the time period of infection with this disease, whether it was a short or long period.

4. RECOMMENDATIONS

Based on the study results, the researchers recommend several measures to address the social and psychological challenges faced by individuals with diabetes. First, they emphasize the importance

of organizing workshops and seminars that include both patients and their families to enhance awareness of the psychological and social difficulties associated with diabetes. Additionally, further research should be conducted with diverse hypotheses and variables beyond those explored in the current study to deepen understanding of the issue. Developing a comprehensive strategy that involves all relevant stakeholders is also crucial for effectively addressing these challenges. Moreover, increasing awareness among diabetics, their families, and the broader community is essential in fostering a supportive environment. The researchers also advocate for the implementation of specialized training programs that integrate affected individuals with their families to ensure better coping mechanisms. Lastly, greater attention should be given to the psychological and social well-being of diabetics to improve their overall quality of life.

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