

## EXPLORING QUALITY OF LIFE OF TYPE-II DIABETICS; QUALITATIVE APPROACH

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### ABSTRACT

The present research focused on exploring the quality of life in Type-II Diabetics in Lahore, Pakistan using qualitative approach. In present study, a sample of 10 diabetics (5 males, 5 females) within the age range of 40-60 years and having diagnosis of diabetes since more than 1 year, were taken through purposive sampling from the diabetic centers of both government and private hospitals of Lahore, Pakistan. In-depth interviews of selected participants were conducted to get information about their quality of life. Questionnaire for in-depth interview were developed through detailed review of literature. Later on, content analysis was used to analyze the data collected. Themes that emerged from in-depth interviews were related to problems in carrying daily functioning, problems in physical functioning, psychological problems and problems in social and occupational functioning due to diabetes. It was also found that certain individuals also have psychological effect like depression due to diabetes. However, there is still need to investigate whether quality of life of depressed diabetics is poor than that of non-depressed diabetics or not.

**Keywords:** Diabetes, Qualitative approach, Quality of Life,

### INTRODUCTION

Quality of life is a vital health concern when dealing with patients having chronic health issues. And as the complications of any chronic health conditions increases, the quality of life is expected to decrease. Diabetes is one of the chronic health conditions and therefore, people with diabetes have poor quality of life than those people who have no serious chronic health conditions<sup>20</sup>. The quality of life issues are crucially important for diabetics, because they may powerfully predict an individual's capacity to manage his disease and maintain long term health and well being<sup>19</sup>. If a diabetic has poor quality of life, he is more vulnerable to ignore the blood glucose levels that he has to maintain to handle the outcomes of disease.

Diabetes mellitus is a group of various disorders, which can be sorted on the basis of secretion or inhibition of glucose. Diabetes, whatever the cause maybe, is linked with hyperglycemia. Diabetes is a chronic, incurable condition that affects 1 to 2% of the population. Diabetes is of two types and in context of prevalence, type 2 diabetes is much common than type 1 accounting for 75 to 95% of all diabetics in most populations. It usually occurs in patients over the age of 40 years<sup>25</sup>. Prevalence of diabetes is high in Pakistan that is 12% in the people of age 25 years and above<sup>9</sup>. In Pakistan, 6.9 million people are influenced by diabetes and it has been estimated by International Diabetes Federation that this number will increase two fold i.e. 11.5 million by 2025 if measures are not considered to

manage the disease<sup>26</sup>. Due to its high prevalence, Diabetes can affect a person's physical well-being, psychological state and quality of life to a greater extent.

Quality of life involves certain facets of a person's life and is determined by the accomplishment of certain needs as defined in Maslow's hierarchy of needs i.e. by accomplishing the responsibilities society places on its members and by getting satisfaction from one's own life<sup>3</sup>. When people who undergo diabetes begin to have poor quality of life; they take a "to hell with it!" attitude and begin to do less than they should to handle their diabetes. These overwhelmed feelings leads to lessen self-care that causes instability in glycemic control and elevate chances for complications. Now a day, in general, there is an increasing attention towards health-related quality of life and diabetes-related quality of life in specific, which is a constructive inclination<sup>19</sup>.

One of the psychological outcomes of diabetes can be depression. Depression is common in many physical chronic conditions like stroke, cancer, diabetes, and heart diseases. The risk of depression increases if the chances are high to have subsequent physical illness or disability<sup>21</sup>. Depression in diabetics is not from the disease itself but from the stress of having a chronic health condition. And when complications due to diabetes come on surface then sever mood changes occurs<sup>22</sup>.

Many individuals become persistently frustrated, disheartened and/or infuriated with a disease that many a times does not seem to react to their best hard work. They, at times, also feel bleak or downhearted regarding the chances of avoiding long term complications. Further, when blood glucose level elevates, then individuals begins to have depressive symptoms<sup>15</sup>. Although, depression can strike anyone but the risk increases for the person having diabetes due to stress caused by the adverse affect of diabetes on the physical and social functioning of an individual<sup>11</sup>.

Diabetes can negatively affect the physical well-being of an individual in three pronounced ways: Firstly, when patient have subsequent complications and disabilities due to illness like

vision loss, kidney damage, significant heart disease, erection problems, difficulty of walking, perceived quality of life of that patient began to drop. The patient may now be unable to less able to work, to complete household tasks, or to enjoy pleasurable activities. Secondly, when blood glucose levels began to elevate, it may lead to weariness, sleep issues, recurrent infections and other related problems. Thirdly, when the life styles of the patient began to change due to various physical symptoms he is having, the patient become limited in his pleasurable activities and indirectly quality of life gets affected<sup>15</sup>.

In previous studies, some demographic variables are also found to be linked with quality of life in people with diabetes, for instance, quality of life is reported to be better in men than women; quality of life is reported to be better in younger people than older adults; individuals who are educated and belong to middle and upper class often report better quality of life<sup>15</sup>.

#### **Inquiry Question**

My basic inquiry question was "Had diabetes affected your quality of life?" I wanted to explore the impact of diabetes on various domains of quality of life which included daily functioning, physical, psychological, social and occupational functioning.

#### **Significance of the study**

This study highlighted various aspects of quality of life that become compromised for the patients having type II diabetes. Themes that emerged from in-depth interviews were related to problems in carrying daily functioning, problems in physical functioning, psychological problems and problems in social and occupational functioning due to diabetes.

These findings would help the health professionals like doctors, psychiatrist and psychologists to improve the quality of life these patients that cam impair their self-care and can also raise complications due to diabetes like disability or mortality.

### Social Significance and Outcome of Study

Diabetes is the highly prevalent disease in Pakistan. It has been estimated that 347 people around the globe are suffering from diabetes, among which 90% individuals have type II diabetes<sup>27</sup>. Due to diabetes, there is impact of the individual's almost all areas of functioning i.e, is very distressing for the individual. Quality of life of diabetics has been studied with depths internationally<sup>5,14,16,19, 20</sup> but in Pakistan the studies are oriented towards prevalence of diabetes<sup>1,8,9,17</sup> and less oriented towards quality of life in diabetics<sup>1,12</sup> therefore, I hope that the present study would provide a great deal of information regarding quality of life in individuals with diabetes in Pakistan. And it has been suggested that 80% of diabetes death occurs in developing countries<sup>27</sup>. Therefore, South Asian countries like Pakistan are at danger in this aspect, thus, I hope, that this study would provide the following outcome: the study would provide a great deal of information regarding the quality of life of type-II diabetics; gender differences in the quality of life would be revealed; coping and perception of diabetics in our society would come out; physiological and psychological impact of diabetes on individuals would be find out. Furthermore, finding from this research could provide opportunity to psycho-educate the diabetics regarding the social, physical and psychological outcomes of diabetes that will assist them in improving their quality of life.

### General Approach

My approach to this study was to explore the quality of life of Type - II diabetics, obtained through in-depth interviews which were focused on the diabetics' responses to the relevant questions which are made after a thorough review of literature. The perception regarding the illness was also queried from the participants.

### Assumptions

This study was begun with many assumptions in researcher's mind which are as following:

- Diabetics are unable to carry their daily functioning due to low level of glucose that causes fatigue.
- Diabetics have to face problems related to physical - psychological and social and occupational functioning.
- Diabetes has impact on the quality of life.
- Socio-demographic variables also contribute a lot in the poor quality of life of diabetics.

### Method

The present study was conducted to explore the quality of life of type-II diabetics. In order to have a better understanding and insight of the problem, I decided to use qualitative research method for deeper information regarding the quality of life as quality of Life is difficult to define and measure in quantitative terms.

### Narrative Research

For my qualitative research, Narrative Research approach was used as it aids in exploring the reality from perspective of participants and it does not restricts the participant in giving detail information. In narratives, the researcher travels around the description of the participant and keenly analyzes them by constructing narratives<sup>10</sup>.

### Paradigm

Paradigm helps in couching and framing the narratives according to some story telling tradition. The present research was situated in the constructive paradigm as the purpose of present study was to get an insight about certain experiences of diabetics that would assist to explore the diabetics' perspective regarding the quality of life.

### Sample / Sampling Strategy

In my research, sample size comprised of 10 diabetics including five males, five females from five government and private diabetic centers of Pakistan. Purposive sampling was used for the recruitment of participants as I selected those participants who were diagnosed with diabetics, having age range of 40 to 60 years and their

duration of illness was more than one year. Demographic characteristics of participants are mentioned in table 1.

### Measures

Following measures were used during in-depth interview.

**Demographic Questionnaire.** It was comprised of demographic information like name, age, sex, marital status, education duration of illness, any physical illness, diabetes in family, mode of treatment, food preferences etc.

**Symptoms Checklist – R (Rahman and Sitwat, 1999).** The checklist includes six sub-scales Depression, Somatoform Disorder, Anxiety Disorder, Obsessive-Compulsive Disorder, Level of Frustration, Tolerance and Psychotic Disorder. Symptoms Checklist – R scale of depression and anxiety were used in present study to assess depression and anxiety in participants for preliminary screening. Scale of Depression includes 25-items which measure the extent to which an individual expresses worry, discouragement and low self-esteem. Scale of Anxiety Disorder consists of 29 items including items of phobia, panic attack and Generalized Anxiety Disorder (GAD). It attempts to assess the extent to which an individual expresses his overwhelming apprehension that seemed unwarranted<sup>18</sup>.

**In-depth Interview.** The basic tool of my study was in-depth interview of diabetics which were conducted keeping in view the dimensions of quality of life and illness perception of diabetes in participants. The questions of in-depth interviews were formulated on the basis of literature on this topic such as “Do you think diabetics face problems to carry on daily functioning?”, “Do you think you have any psychological issues?” and “what do you think what sort of illness diabetes is?” Interview protocol was developed for the present study which was comprised of informed consent, demographic form, one main question and further sub-questions.

### Procedure

First of all, I visited the various diabetic Centers of Pakistan. After taking consent of the respective doctor of the diabetic unit, the diagnosed patients with type II diabetes from physician have been identified and then I begun to select from the identified patients keeping in view my inclusionary criteria. Then, after identifying the participants, interview was begun following the interview protocol. Firstly, informed consent from the participant was taken. After that, scales of Depression and Anxiety of the Symptoms Checklist were administered in order to screen out Depression and Anxiety in the participants. Later on, I used to conduct in-depth interviews keeping in view the dimensions of Quality of life. These detailed interviews were being recorded with the permission of participants. Besides that, a co-researcher used to write down the informations given by participants. Approximately, interview took 45 minutes to 1 hour depending on participant’s flow of giving the information. Intermittent breaks were provided by researcher to avoid the fatigue factor of participant. When an interview was completed, transcription was made, firstly, in English language and was translated in Urdu language later on. Then these transcriptions were analyzed through content analysis (thematic analysis). For content analysis, first the serial coding of data was done, and then color coding was made for the purification of data which further facilitated the process of analysis.

### Thematic Analysis

Thematic analysis is an important step in qualitative research. It focuses on pinpointing, examining, defining the patterns or themes within data. It is an exhaustive and key step of qualitative research<sup>4</sup>. During thematic analysis, focus was on the content of the informations provided by the diabetics rather than the structure. Thematic analysis provided me better opportunity to get informations about their different aspects of life in detail, which influenced their quality of life. Primary themes, secondary themes and tertiary themes of male

and female diabetics are mentioned in detail in table 2.

### **Theme I: Problems to carry on daily functioning**

“The problems to carry on daily functioning due to diabetes” was the first theme that emerged from this inquiry. The diabetics were asked “Do you think diabetics have to face difficulties/problems to carry on daily functioning?” Among ten, diabetic, five of them reported that they have facing problems to carry on daily functioning. As R.F reported:

*My ability to do work is reduced due to diabetes. I do not want to do work but I have to do it. I cannot do work due to diabetes.*

While analyzing the data, these participants explained that due to arm pain, difficulty in breath, fatigue and inability to do the work requiring standing, they were facing problems to carry on daily functioning.

### **Theme II: Physical Problems Associated with Diabetes**

“Physical problems associated with diabetes” was my second theme which emerged within the context of the following question, “Do diabetics have to face problems of physical functioning?”

#### ***Fatigue, Body Pains and Laziness***

All of research participants reported that diabetes is limiting in physical problems e.g. fatigue, body pains and laziness. As M.F reported that, “She experienced, fatigue, body pains and laziness due to diabetes.”

#### ***Weight loss due to Diabetes***

Among ten participants seven of them as K.F., R.K., R.F., M.F., Y.F., Y.M., S.M. reported “weight loss due to diabetes”. As when I asked this question to R.K, she reported as “My one fourth part of the body is dead due to diabetes”.

#### ***Lack of Energy and Strength***

Four participants as R.K, M.A, R.F, & Y.M, reported that they have lack of energy and strength, due to diabetes. R.K reported that:

*“There is weakness and no energy in the body due to diabetes”.*

#### ***Problem in Walking***

When I asked all the participants regarding the problem in walking as a result of diabetes, then six of them as Y.F, M.F, R.F, K.F, S.M, & A.M., reported that diabetes is a problem which results in weakness of muscles so results in problem in easy mobility.

R.F responded: “My legs and feet cannot move, I feel giddy, sometimes I feel uncomfortable and sometimes comfortable, my feet burn”.

#### ***Difficulty in Mobility***

The participants were asked “Do they have difficulty in mobility?” Six participants as M.F, Y.F, K.F, R.F, A.M, & R.K. reported that due to diabetes they have to face difficulty in mobility. M.F. responded in a way: “I have a problem to move. If I sat somewhere then I cannot get up whenever I see a bed I sit over it. I wish I remain in this situation of sitting. I feel problem in movement. There are no flush on the bones and I have to face a great problem in moving due to bones”.

#### ***Weakness of Eyesight***

Out of ten, seven participants A.M, R.F, M.F, Y.F, Y.M, & S.M reported that their eyesight weakened due to diabetes. M.F. told that “My far-vision is decreased and near-vision is completely gone. I cannot thread a needle”.

#### ***Less Sleep due to Diabetes***

When I enquired regarding the sleep of participants, then three participants as K.F., R.F. & M.F, reported they have less sleep due to diabetes, as before diabetes they have proper sleep. M.F. reported that, “I do not feel sleeps, in the last month. If I slept then suddenly awoke but now I cannot sleep.”

#### ***Could not eat the food of their choice***

It was asked by the participants regarding their food. Then six participants as reported that they could not eat the food of their choice.

### ***Allergy due to Diabetes***

When I asked participants regarding what physical problems they are facing, due to diabetes, then three participants as reported they have allergy due to diabetes.

### **Theme III: Psychological Problems Associated with Diabetes**

Now I am going to discuss the third primary theme which emerged from this inquiry. The participants were asked “Do they had any psychological problem associated with diabetes?”

#### ***Hopelessness***

It was asked “Do you have experienced hopelessness due to diabetes”? Then seven participants as A.M, M.A, R.F, M.F, & Y.F, reported they were having the feelings of fhopelessness. As R.F., told “I feel really very disappointed”.

#### ***Anxiety***

When it was asked by the participants “Do they are anxious due to diabetes”? Then, eight of them reported positively as M.F, R.K, Y.F, K.F, R.F, A.M, & M.A.

R.K. told, “I used to remain worried after diabetes”.

#### ***Irritability***

Y.F, K.F, R.F, respond yes on irritability Y.F., responded this question in a way

“I feel really very restless when I lay down after doing work then my mind filled with thoughts”.

#### ***Dependency on Medicine***

When it was asked by the participants “Do they have dependency on medications”? then eight participants as reported that they are dependent on medicine.

M.F. reported: “If I did not take medicine then my condition is very restless. A diabetic patient cannot survive without medicine”.

#### ***Coping of Diabetes***

When it was asked by the participants that “How do you cope with diabetes?” then six of them reported as M.A., R.F, R.K., M.M., Y.M., Y.F., they cope with diabetes by taking medication. “I have to take drugs”. Two participants as R.K, &

Y.F, reported that cope with diabetes by avoiding cuts and wounds. R.K. told that, “I am always conscious about the injury. I used to cut vegetable very carefully that there is nothing that make me injured”.

#### ***Social and Economical Problem***

When I asked participants “Do they are facing problem in social and occupational functioning due to diabetes?” then three of them R.F, Y.F, & Y.M, reported they were facing difficulties in social and occupational functioning due to diabetes. Y.F. reported that:

*In past, I was very happy. I used to take part in functions, that it is a kind of fun, I feel happy, but now I don't want to go I want to lay silently. I cannot make my heart agree to go even it is very essential, I think that now I have to change my clothes, take a bath, make myself ready then I said ok leave it, I just send a boy for the work.*

#### **New Emerging Themes**

The new themes which were emerged are muscle aches due to diabetes and diabetes complications are irreversible, R.F., and A.M. reported that they had muscles aches due to diabetes. Another theme emerged from this inquiry was that diabetes complications are irreversible was given by one of the participant M.A.

#### **Perception**

When I asked from the participant “What do you think about diabetes as what sort of this illness is?” Then participants gave their perception regarding diabetes.

M.A. reported: “Diabetes finishes a life like termite; if you use precautions then you just fade up. And if you show carelessness then you will die”.

According to Y.F. “I cannot eat like other people; I think that a big part of my life is cut off”.

Y.M. reported that:

*“I wish nobody will suffer from diabetes, it is very bad, people suffer from lots of grief. It finishes everything in a person, it injured my eye-sight, my body, feel weakness, feel colic, got injury, wound this and that.”*

Thus majority of the sample had causal explanations based on non-scientific beliefs.

## Discussion

The aim of my study was to assess the quality of life of type-II diabetics. In order to assess the quality of life of type - II diabetics, I conducted in-depth interviews of diabetics, in order to have deeper insight of this topic. Contents of in-depth interviews of both male and females are devised into primary themes, secondary themes, tertiary themes and new emerging themes.

Primary themes of males were fatigue, body pains and laziness, dependency on medications. Among female primary themes were problems to carry on daily home functioning, fatigue body pains and laziness, anxiety associated with diabetes and weight loss due to diabetes. Secondary themes of females were effect of diabetes on daily functioning, lack of energy and strength, weakness of eye sight, dependency on medications, anxiety, irritability, fear and coping by medication. In contrast to it, in males only dependency on medication is the secondary theme. While discussing the physical problems male diabetics reported problems in walking, difficulty in mobility, weakness of eye sight, inability to eat the food of choice, hopelessness and anxiety. In contrast, diabetic females reported problems in walking, difficulty in mobility, less sleep due to diabetes, allergy due to diabetes and inability to take the food of choice. Besides these primary and secondary themes, many tertiary themes and new themes are taken out that had not been reported in previous studies. Muscles aches due to diabetes and the complications of diabetes are irreversible. Thus the comparative analysis of in-depth interviews shows that the quality of life of female diabetics is poor than male diabetics despite having an actual description regarding quality of life of diabetics.

The problems to carry on daily functioning are the first area to be studied. I was having the assumption that diabetics have to face problems to carry on daily functioning. According to the majority of diabetic participants, they are facing problems to carry on daily functioning due to arm pain, fatigue and inability to do work that required standing. The findings were in line with previous study that diabetes has impact on the individual's daily functioning<sup>6</sup>.

One of my assumptions was that diabetics have to face problems in physical functioning. Almost all diabetic participants reported the problems in physical functioning; among them ten sub-themes found to be more prevalent are fatigue, body pains and laziness, weight loss due to diabetes, lack of energy and strength, problem in walking, difficulty in mobility, weakness of eye sight, less sleep due to diabetes. Findings suggest that due to development of complications as vision loss, difficulty of walking, increased fatigue, sleep problems curtail their activities and thus diabetes can negatively affect physical well-being<sup>15</sup>.

Diabetes has impact on the psychological well-being and quality of life. Keeping this assumption in mind, psychological impact of diabetes was revealed through perceptions given by diabetics. Majority of the diabetics reported that they are facing psychological problems due to diabetes as hopelessness/depression, anxiety and irritability. Content analysis reveals that the socio demographic variables were also contributing in the psychological state, yet due to diabetes, they are facing these problems more intensely. Findings suggest that diabetic patients have anxiety, depression and poor quality of life<sup>13</sup>.

One of my assumptions was that diabetics have to depend on medications. This dependency would have an effect on the quality of life. Majority of the diabetics reported that they are depending on medications. In Pakistan, the people more prefer to take the food of their own choice while ignoring what suit for their sound health. Thus one of my assumptions was that diabetics could perceive that due to diabetes they could not eat the food of their choice as other people could eat non-diabetics. One of my assumptions was that diabetics cope with diabetes through medication, diet control and walk. Majority of diabetics reported that they cope with diabetes by taking medication and by avoiding cuts and wounds.

As far as the prevalence of depression and anxiety concerned then it found that among 10 diabetics, two have depression and one diabetic have anxiety when scored on Symptom Checklist - R.

As far as perception of regarding this illness the diabetics concerned regarding diabetes, then it is found that majority of the diabetics has causal

explanations regarding diabetes, based on non-scientific belief. Previous studies suggest that diabetics had causal explanations based on non-scientific beliefs<sup>24</sup>.

### **Conclusion**

It is concluded that quality of life in diabetics revolves around basic themes which are problem to carry on daily functioning, problems in physical functioning, psychological problems and problems in social and occupational functioning. Comparative analysis of males and females diabetics indicates that quality of life of female diabetics is poor than male diabetics.

### **Limitations and Suggestions**

During this research, there were some limitations: lack of qualitative researches on the quality of life in Pakistan; unavailability of the tool for Quality of life for qualitative approach; translation of in-depth interviews from Punjabi to Urdu language; less cooperation from patients as it was time taking; unavailability for the analyses of qualitative data, so manual analysis was too difficult and time consuming.

Despite of limitations, there are certain suggestions: availability of computer software e.g. NUD'IST for the qualitative data analysis; comparison group should be taken comprised of depressed diabetics and non-depressed diabetics in a study to study relationship of depression and quality of life in diabetics. More researches should be done in this area of research to give awareness to both common people and diabetics regarding illness as to change their perspective from casual beliefs to scientific approach.