METHODOLOGY RESEARCH MOTIVATIONAL-VALUE CHARACTERISTICS ATTITUDE TO TREATMENT IN DIABETICS AND ITS ORGANIZATION

HASANOVA NOZIMAKHON ABDUGAFUR KIZI
National University of Uzbekistan named after Mirzo Ulugbek, Researcher of the Department of Psychology, Uzbekistan

KARAMYAN MARIETTA KHACHATUROVNA
National University of Uzbekistan named after Mirzo Ulugbek, Professor of the Department of Psychology, Doctor of Psychology, Uzbekistan

MAMATOVA NODIRA MUKHTOROVNA
Tashkent Pediatric Medical Institute, Associate Professor of the Department of Clinical Pharmacology, Doctor of Medical Sciences, Uzbekistan

ANNOTATION

Attitudes toward disease are important in helping a person adapt to their illness. This includes the patient’s attitudes toward relatives, medical staff, and social status in a variety of situations (study, work, treatment process, etc.). In other words, the attitude towards the disease is a set of the system of selected relationships of the patient primarily to himself, to those around him and to the environment.

The patient’s response to treatment affects disease prevention and treatment effectiveness. The approach to treatment is a very topical issue, especially in patients with chronic diabetes mellitus.

Keywords: *health, disease, attitude, communication, system, diabetes, treatment, prevention, motivation, value*

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The urgency of the problem. Research methodology and issues of its organization for studying the motivational-valuable characteristics of diabetes treatment are one of the most important issues of psychology. Therefore, when studying the motivational-valuable characteristics of a person's attitude to treatment, comprehensive and multifaceted analysis is followed.

Health is an invaluable asset not only for a person, but also for society. This is the first need of a person that determines his ability to work and ensures his full development. In Uzbekistan, great attention is paid to the health of citizens, which is one of the most basic values of humanity.

The President of the Republic of Uzbekistan Sh.M. Mirziyoev singles out the following as one of the issues that must be resolved in the social sphere: "In order to strengthen the gene pool of our people, it is necessary to improve the quality and expand the scope of medical services. Our main goal is not only to treat the disease, but also to prevent it" [1].

In the science of psychology, the individual behavior of a person related to health is considered with the concepts of "attitude to health", "internal image of health", "attitude to illness" and "internal image of illness". Diabetes is a chronic disease that occurs when the pancreas does not produce insulin, and it develops due to the inefficient absorption of insulin produced by the body [2]. According to the information provided by the World Health Organization (WHO) on October 30, 2018, there are about 422 million people with diabetes worldwide. This disease is the main cause of blindness, heart attack, kidney failure, stroke and leg amputation. Based on this, 1.6 million deaths recorded in 2016 were related to diabetes. According to the WHO, in 2017, the death rate from diabetes in Uzbekistan is 5,636 or 3.34% of the total death rate [4].

Diabetes can be treated, its complications can be prevented, smoking cessation, physical activity can be eliminated with the help of regular treatment with drugs. These actions are closely related to treatment adherence and are an important component of treatment response.

Research object and subject. The object of the study is patients with diabetes. 10 respondents participated in the pilot study. 100 subjects aged 22-80 (50 women and 50 men, 51 subjects with type 1 diabetes, 49 subjects with type 2 diabetes) participated in the psychodiagnostic stage. Average age – 47.42±13.27. A total of 110 respondents participated in the study. The base of research was determined to be the center of scientific and practical medicine of specialized endocrinology of the Republic of Uzbekistan. The subject of the study is the person's attitude and commitment to treatment, his motivational (self-efficacy, locus of control, self-management style) and value (meaning of life) characteristics.

The purpose and objectives of the research. To study the motivational-value characteristics of a person's attitude to treatment and to analyze it in a comprehensive and multifaceted manner.

In order to achieve the goal - firstly, during the research, the characteristics of the attitude to treatment, including the behavioral components of cognitive, emotional and loyalty, were determined. Secondly, the motivational-valuable characteristics of the treatment attitude of patients with diabetes were determined in the study. Third, the possible relationship between motivational-value characteristics of patients' attitudes towards treatment and adherence indicators was investigated.

Results and discussion:

Based on the goals and objectives, the systematic biopsychosocial approach of Dj. Angel, the theory of attitude of V. N. Myasishchev and the communicative, cognitive and self-management models of loyalty were chosen as the methodological basis of the empirical research. For this study, we consider the above-mentioned contemporary studies, approaches and theories as a basis.

1. Dj. Based on Engel's systematic biopsychosocial approach, it can be said that biological, psychological and sociological factors have a great influence on the health and illness of a person.
Diseases appear not only under the influence of biological factors, but also as a result of the system of human activity, in addition to biological elements, the psychosocial system is also involved (personal, dyadic, family and social relations). Dj. Engel states that health and disease are determined by many interacting factors [6]. In other words, based on Dj. Angel's views, the medical concept of health and illness often ignores the individual's attention, concern and motivation [7].

In the framework of our research, the attitude and high level of adherence to treatment can be determined not only by biological and social (socio-economic) factors, but also by a whole range of psychological factors.
2. V.N. Based on Myasishchev's theory of attitude, the psychological meaning of attitude is that it is a form of reflection of the surrounding existence in human behavior [8]. A person intervenes in the system of relations in society from birth to death and forms his subjective attitude towards existence in every way. This system consists of specialized components that determine a person's attitude to the outside world and to himself: character, temperament, ability.

Taking into account that V. N. Myasishchev's theory of relations is based on a multicomponent analysis of the attitude to health, within the framework of our research, the attitude to treatment can be divided into three components [9]. Thus, by attitude to treatment, we understand the interaction of cognitive, emotional and behavioral components of adherence to treatment, namely actions towards physical activity, rational nutrition and motivations involved in this process.
Communicative, cognitive, and self-regulatory models of treatment adherence.

The main ideas of the communicative model of treatment adherence are the understanding of the importance of the interaction style of medical personnel. Interaction with patients, understanding and effective communication of medical staff, and stability of the relationship between patients and doctors are factors that increase adherence to treatment [10]. In the cognitive model of treatment adherence, the health belief model, social-cognitive theory, and theory of planned behavior are important within the framework of social-cognitive factors [11].

In the theory of self-management, fidelity is manifested as a cognitive-conceptualization of the patient's disease or health risk. Patients have personal perceptions of their health risk and disease model and treatment, and these perceptions guide patient decision-making and behavior. Thus, commitment depends on conviction, with which one can control one's surroundings and one's own behavior.

From the point of view of the goals and objectives of the research, we will consider the characteristics of the above methods and approaches and their application.

"The type of reaction of the person to the disease" (L.I. Wasserman and others) [12]. The method of the person's reaction to the disease (TOBL) is made in the form of a questionnaire and diagnoses the type of reaction to the disease based on the information about the patient's direct or indirect reaction to life problems and situations that are important for him.

Questionnaire "Level of Loyalty" by R.B. Kadyrov [13]. The questionnaire is aimed at determining the level of compliance, which consists of three components.

N.A.Mamatova and M.K.Karamyan questionnaire "Adherence in diabetes treatment". The questionnaire "Adherence to treatment in diabetes" is based on three components (behavioral, emotional, cognitive) of attitude to treatment. Through this questionnaire, it was constructed to determine which component of treatment adherence prevails in patients with diabetes [14].

"Self-efficacy scale" R. Schwarzer, M. Jerusalem [15]. This methodology allows test respondents to evaluate their overall level of performance.

V.I. Morosanova's questionnaire "Personality management style". It was created in 1988 in the laboratory of self-management psychology of the Institute of Psychology of the Russian Academy of Education. The approved questionnaire is based on life situations and is not directly related to any special profession or educational activity [16].

This methodology was chosen in connection with the possibilities of development of individual self-management [17].

The author structured a person's self-management according to the mental process aimed at achieving the goal, and determined all types and forms of its application and management through external and internal activity.

The methodology consists of 7 scales:

- "Planning" scale determines the extent to which a person consciously forms the planning of his activities;
- The "Modeling" scale provides an opportunity to diagnose the extent to which the conditions important for achieving the goal have been developed;
- "Programming" scale determines the need to think about one's actions and behavior methods to achieve the set goal;
- "Evaluation of results" scale determines the self-evaluation of the test subject;
- "Agility" scale diagnoses the ability to successfully adapt to unexpected situations;
- "Independence" scale determines the ability to organize work to achieve the goal, independently plan behavior and activities;

D.A. Leontev's "Purpose-in-Life Test" (PIL) is an adapted version of the "Purpose-in-Life Test" by James Crumbaugh and Leonarda Mahalika.
The life meaning orientation test is based on Viktor Frankl's theory of logotherapy and the pursuit of meaning. Individuals with a broad outlook on life who are reflective, clearly focused, mature, and goal-oriented have been shown to have higher adherence to treatment[18].
The results of the study of the level of compliance using the R.V. Kadyrov questionnaire (Table 1) show that the low level of compliance among the research participants is 52%, and the high level is 48%.

Table 1.

Level of compliance by type of diabetes, N=100

Compliance parameters	Type of diabetes				Total	
	Diabetes Type 1		Diabetes type 2			
	N	%	N	%	N	%
Low level of overall compliance	28	54,9	24	49,0	52	52
High level of overall compliance	23	45,1	25	51,0	48	48

In type 1 diabetes, the low level of total compliance is 54.9%, and the high level is 45.1%. In type 2 diabetes, the low level of general compliance is 49%, and the high level is 51%.

The results obtained on the study of loyalty according to the questionnaire of the author made it possible to determine its levels (Table 2). Low and high levels were determined using the median as the average value of the data.

Table 2.

Level of adherence by type of diabetes (according to the author's questionnaire), N=100

Loyalty level	Type of diabetes				Total	
	Diabetes Type 1		Diabetes type 2			
	N	%	N	%	N	%
Low level	24	47,1	32	65,3	56	56,0
High level	27	52,9	17	34,7	44	44,0

The low level of adherence according to the type of diabetes was 47.1% in type 1 diabetes and 65.3% in type 1 diabetes. The highest level of adherence was 52.9% in type 1 diabetes and 34.7% in type 2 diabetes.
Analysis of the results of the author's questionnaire made it possible to determine the predominance of cognitive, behavioral, emotional-cognitive, emotional-behavioral, cognitive-behavioral components of loyalty in the study participants (Table 3).

Table 3.

Distribution of research participants by dominant components of loyalty, %

Loyalty components	Total	
	N	%
Cognitive component	58	58,0
Cognitive-behavioral component	20	20,0
Equal representation of components	15	15,0
Behavioral component	3	3,0
Emotional-cognitive component	2	2,0
Emotional-behavioral component	2	2,0

In Table 3, according to the dominant components of the loyalty of the research participants, the cognitive component was 58 percent, the cognitive-behavioral component was 20 percent, and the equal representation of these components was 15 percent.

V.I. Morosanova's questionnaire "Self-management behavior style" general indicators of the level of self-management are divided into three levels: low, medium and high (Table 4).

Table 3.

Танлов бўйича шахсни тўлиқ ўзини бошқариш даражасига тадқиқот иштирокчиларини тақсимлаш

Low level		Middle level		High level	
N	%	N	%	N	%
8	8	81	81	11	11

Table 4 mainly shows the average level of self-management of patients (81%). This gives information about the level of creation of a conscious individual system of a person.

A high level of self-management was observed in the study participants by 11%. A person enters immediately with a new type of activity, he behaves confidently in unfamiliar situations, his adaptations may be more stable than his usual activities.

At a low level of self-control (8%), the need to consciously plan and program one's behavior is not formed. Such people depend on the situation and the opinion of the people around them. The compensatory capacity of personality traits to overcome negative circumstances in achieving the set goal of such subjects is much lower when compared to those with high self-control.

Quantitative and quality assessment methods were used in the processing and analysis of the obtained results. Descriptive statistics, frequency analysis, inductive statistics (Mann-Whitney and Kraskel-Wallis criteria), correlational analysis (Spearman's criterion) were used among statistical data processing methods. Statistical data processing SPSS 14.0. was carried out using the program. Using the Kolmogorov-Smirnov tests, the difference between the distribution of the quantitative indicators used in the study and the standard distribution was determined. This investigation was based on the use of non-parametric methods of inductive statistics and correlation analysis.

CONCLUSIONS

1. In the study of motivational-value characteristics of diabetes treatment, based on methodological and theoretical conditions, it was determined that patients' adherence to treatment is related not only to sociodemographic and socio-medical factors, but also to a number of psychological factors, including motivational-value characteristics of the individual..
2. In this study, the attitude of the person to the treatment was evaluated through the actions related to following the recommendations of the medical staff in specific chronic diseases, i.e. loyalty and compliance.
3. In the framework of this study, adherence to treatment in diabetes was considered as a complex interaction of cognitive, emotional and behavioral components, and it was manifested in the patient's knowledge about proper nutrition, treatment methods, emotions caused by concern about the disease, and implementation of actions to follow the doctor's recommendations.
4. In the study, socio-medical factors related to research participants (age, gender, education, type of diabetes, insulin intake) and their motivational values (locus control of the disease, self-efficacy, self-management and values of the meaning of life) were used effectively.

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