

Background and aims

- ▶ Diabetes has an impact not only on the patient but on the whole family and it is frequently called a **"family disease"**.
- ▶ Parents-child relationship may become especially difficult when approaching **adolescence**. The adolescent is demanded to have a higher level of responsibility while parents still being involved in diabetes care.
- ▶ This balance between autonomy and parental involvement often results in the appearance of **conflicts**.
- ▶ Based on initiatives that promote **cross-cultural research** on psychosocial factors affecting diabetes care in adolescents, this work was aimed to compare how parents of adolescents with diabetes from two different countries (Netherlands and Spain) perceived **diabetes-specific family conflict (DFC)** and, to explore the relationship between DFC and **parents' well-being**.

Method

Participants

- ▶ **160** parents of adolescents with diabetes from the **Netherlands, NL** (n = **87**) and **Spain, SP** (n = **73**, 27 couples).

Table 1. Parents and adolescents' demographic and clinical information

Parents	NL (n = 87)	SP (n = 73)
Parent gender		
Female	80.5%	60.3%
Male	19.5%	39.7%
Adolescents	NL (n = 87)	SP (n = 46)
Children's age, M (SD)	14.82 (1.08)	13.53 (1.72)
Duration of diabetes, M (SD)	6.42 (4.24)	4.55 (3.22)
Insulin injections		
Two per day	8.0%	4.3%
Three per day	37.9%	15.2%
Four or more per day	35.6%	69.6%
Pump	14.9%	10.9%
Missing data	3.4%	0%
HbA _{1c} (%)	8.82 (1.74)	7.69 (1.52)

HbA_{1c} (Glycosylated hemoglobin): measure of glucose control (< 7.5 %: good)

Measures

Parents completed a survey questionnaire containing the following measures:

- ▶ **Demographic and Illness Information.** Parents provided information on demographics and adolescents' diabetes (duration, treatment regimen, age at diagnosis, metabolic control).
- ▶ The **Diabetes Family Conflict Scale, DFCS** (Hood et al., 2007; Rubin et al., 1989). The original scale contains 19 items assessing diabetes management tasks, such as meals, insulin administration, glucose monitoring, and discussion of diabetes with others and respondents have to rate how often their families argue about each diabetes task (3-point scale: never argue = 1, sometimes = 2, always/all the time argue = 3). As the Spanish DFCS included 16 tasks from the original version, only these items were considered in the present study. Also, the Spanish version's response format was a 5-point scale (never argue = 0 to very often = 4). Cronbach's alphas for the scale in this study were .86 and .87, for the Dutch and Spanish samples, respectively.
- ▶ In order to compare Spanish and Dutch DFCS total scores, the number of items in which any level of conflict was reported were summed (2 or 3, Dutch version; 2-4, Spanish version).
- ▶ The **WHO-Five Well-Being Index** (WHO, 1998). Five items which covered positive mood (good spirits, relaxation), vitality (being active and waking up fresh and rested), and general interests (being interested in things). Each of the five items is rated on a 6-point Likert scale from 0 (= not present) to 5 (= constantly present). Higher scores mean better well-being. Internal consistency reliability (Cronbach's alpha) for the scale was .89 (Dutch sample) and .86 (Spanish sample).

Results

Table 2. Percentage of parents reporting any level of conflict about diabetes management tasks (sometimes, often or always/very often)

% Parents from Spain	SP Rank	Diabetes management tasks	NL Rank	% Parents from NL
72.2	1	Meals and snacks	1	56.3
65.3	2	Logging blood sugar results	2	51.7
52.8	3	Remembering to check blood sugar	3	49.4
52.1	4	Rotating injection sites	6	26.4
51.4	5	What to eat when away from home	7	26.4
45.8	6	Remembering to give shots or boluses	5	29.9
41.7	7	Giving shots or boluses	11	16.1
37.5	8	Taking more or less insulin depending on results	4	31
31.9	9	Carrying sugar for reactions	8	26.4
27.8	10	Telling friends about diabetes	14	13.8
26.4	11	Changes in health (like weight or infections)	10	20.7
23.6	12	The early signs of low blood sugar	9	20.7
20.8	13	Telling teachers about diabetes	13	14.9
16.7	14	Telling relatives about diabetes	16	8.0
13.9	15	Supplies	12	16.1
6.9	16	School absences	15	12.6

- ▶ The top three domains of conflict (see **Table 2**) were similar in Spanish and Dutch parents.

- ▶ **Spanish parents** reported significantly higher scores on DFCS (t [157] = 2.88, p < .01) and lower WHO-5 (t [156] = -3.34, p < .001).

- ▶ More **family conflicts** were associated with **lower well-being**. Regression analysis showed that diabetes family conflict had a significant predictive influence on parents' well-being ($\beta = -.21$, p = .01).



Conclusions

- ▶ Family conflicts appear similar in Spanish and Dutch parents of adolescents, allowing for comparative research on interventions aimed to improve family communication.