Chapter - III

METHODOLOGY
Methodology

This chapter deals with methodology of the present study. An attempt is made to describe sample, tools, procedure of data collection and statistical analysis.

The present investigation is an attempt to study the influence of social support in the recovery of illness and subjective well-being in cancer patients undergoing treatment.

Sample: The sample consisted of 220 male and female patients. They were categorized into six main groups: Group I, comprised of 61 Head and neck patients; group II, comprised of 52 cervix patients; Group III, comprised of 55 breast patients; Group IV, comprised of 18 gastro-intestinal tract patients; group V, comprised of 18 hemological patients; and Group VI, comprised of 18 respiratory tract patients selected from the O.P.D. of Department of Radiotherapy, J.N. Medical College, A.M.U., Aligarh.

The criteria for the selection of patients for the present investigation included (a) confirmed diagnosis of disease by physician, (b) proof of biopsy documentation of breast, pap test (papa incoloaon test) documentation of cervix, CT (computerized tomography) documentation of brain and other parts of the body, MRI (magnetic resonance imaging) documentation of hidden tumors in the body. (c) the patients having the disease and undergoing treatment and medical check-ups at the out patients clinic at the time of the investigation.

The diagnostic criteria excluded patients with ambiguous and clinically unexplained cancer disease and with established medical
conditions known to be of physiological origin. The age range of cancer patients were from 18 year to 70 years.

Tools: The following tools were used for the present investigation.

Personal Data Sheet (PDS): The PDS include the information under the following major headings: Name of the patients, age of the patients, sex of patients, type of cancer, duration of illness, duration of treatment, type of treatment (Cf. Appendix-I).

Social Support Scale: Social support scale developed by Cohen et al. (1985) was used to measure the social support of the subjects (patients) suffering from cancer. There are three areas in this scale which measures social support i.e. Tangible support, Appraisal support and Belonging support. The tangible is intended to measure perceived availability of material aid of cancer patients; the appraisal sub-scale measures the perceived availability of a confident and trusted advisor of the cancer patients; the belonging subscale measures the perceived availability of some one with whom the respondent socialized. The scale has fifteen items, five in each area. There are nine positive statements and six negative statement. The response alternative are: completely true, somewhat true, somewhat false, completely false.

The three sub-scales of social support scale are reasonably independent of one another as indicated by their moderate inter co-relations, which are in the .3 to .50 range complete independence of these scale is neither desirable nor possible. Since cancer patients often receive different kind of support from the some person in their network. Adequate internal and test-retest reliabilities of these three subscales range from .77 to .92 and
from .70 to .90, respectively (Cf. Appendix II). The total social support score can be obtained by adding the scores of the scores of three subscales. The maximum possible score on the scale is 60 and minimum is 15.

**Satisfaction with Life Scale (SWLS)** developed by Diener, Emmons, Larsen and Griffin (1985) was used for measuring subjective well-being of the subjects who are suffering from cancer. The SWLS consists of five statements, to which respondents are asked to indicate their degree of agreement, using a 7-point scale, ranging from 1 (strongly disagree) to 7 (strongly agree). The SWLS scores range from 5 to 35. The subjective well-being scale show moderate to high temporal reliability. For example, life satisfaction correlation 0.58 over a four year period, and this correlation remain strong (0.52) when informant reports of life satisfaction are substituted at the second testing (Magnus, Diener, Fujita and Pavot, 1993). In addition, pleasant affect and unpleasant affect have a degree of stability across a period of many years (e.g., Costa and McCrae. 1988: Headey and Wearing, 1992). These findings suggest that SWB does change, but that there is some constancy in it over a prolonged period (Cf. Appendix III).

**Assessment of Recovery**

Psychological recovery of illness was measured with the help of one item. That is, subjects were asked “How does social support from your husband/wife/parents help you in the recovery of your illness”. There is one item and the ranking is from 5 (very much) to 1 (not at all). Here we have measured the recovery of illness in cancer patients (Cf. Appendix IV).

**Procedure**: All the patients were contacted individually for the testing session in 2003, Three questionnaire, namely, Social Support Scale (SOS),
Subjective Well-Being Scale (SWLS) Recovery of Illness (one item) and Personal Data Sheet were administered on patients. Each respondent took 45 minutes in answering all the questionnaires. They were assured that their responses would be kept strictly confidential and would be used exclusively for research purpose. After the data collection scoring was done by the investigator.

Data Analysis: The data were analysed with the help of various statistical technique such as mean, median, standard deviation and t-test.