CHAPTER FIVE

Conclusion and Future Research Suggestions
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CONCLUSION AND SUGGESTIONS FOR FUTURE RESEARCH

5.1. Conclusion

The main findings of the present study have led to certain conclusions:

➤ Significant F-ratio was found for the types of disease (F=13.380, p<0.01) on happiness.

➤ Significant F-ratios were found for gender of patients (F=5.141, p<0.05) and degrees of cancer (F=17.927, p<0.01) on happiness.

➤ Scheffe test showed that there were significant differences between stage 1 and stage 4, stage 2 and stage 4, and stage 3 and stage 4 cancer patients on happiness.

➤ Significant differences were not found between CAD 1 and CAD 2, CAD 1 and CAD 3, CAD 1 and CAD 4, and CAD 2 and CAD 3, CAD 2 and CAD 4, CAD 3 and CAD 4 patients on Happiness.

➤ Significant F-ratio were found for gender of patients (F=8.845, p<0.05), effects of types of disease (F=71.356, p<0.01) and their interaction effects (F=15.748, p<0.01) on hope.

➤ Significant F-ratios were found for gender of patients (F=4.238, p<0.05), types of disease (F=57.803, p<0.01) and their interaction effects (F=6.719, p<0.01) on agency thought.

➤ Significant F-ratios were found for gender of patients (F=9.351, p<0.01), types of diseases (F=45.174, p<0.01) and their interaction effects (F=18.081, p<0.01) on pathways.

➤ Significant F-ratio was found for gender of patients on hope (F=34.384, p<0.01).
The main effect of degrees of cancer (F=140.385, P<0.01) and the interaction effect between gender and cancer (F=42.591, P<0.01) were found significant on hope.

Significant F-ratios were found for degrees of cancer (F=76.091, p<0.01) and the interaction effect (F=24.230, p>0.05) on agency thoughts.

Significant F-ratios were found for degrees of cancer (F=63.099, P<0.01) and the interaction effect (F=18.151, p<0.01) on pathways.

Significant F-ratios were found for gender of patients (F=13.394, p<0.01), types of CAD (F=2.570, p<0.05) and their interaction effect (F=2.804=, p<0.05) on agency thoughts.

Significant F-ratio was found for gender of patients (F=32.529, p<0.01) on pathways.

Scheffe test showed that significant differences were between stage 1 and stage 3, stage 1 and stage 4, and stage 2 and stage 3, stage 2 and 4, and stage 3 and 4 cancer patients on hope, and agency thought and pathways factors of hope.

Significant interaction effect was found between gender and types of disease (F=23.051, p<0.01) on health behavior.

Significant F-ratios were found for types of disease (F=18.151, P<0.01) and the interaction effect between gender and disease (F=4.652, P<0.05) on health consciousness.

Significant F-ratio was found for interaction between gender and types of disease (F=25.227, p<0.01) on health carelessness.
Significant F-ratios were found for gender of patients (F=14.500, p<0.01) and degrees of cancer (F=5.022, p<0.01) on health behaviour.

The main effect for degrees of cancer (F=4.334, p<0.01) and the interaction effect (F=3.239, p<0.01) were found to be significant on health consciousness.

Significant F-ratio was found for gender of patients on health carelessness (F=13.312, P<0.01).

- Significant F-ratios were found for gender of patients (F=10.056, p<0.01) and types of CAD (F=3.736, p<0.01) on health behaviour.

F-ratio was found significant for types of CAD (F=2.913, p<0.05) on health consciousness.

Significant F-ratio was found for gender of patients (F=12.067, p<0.01) on health carelessness.

Scheffe test showed that significant differences were not found between CAD 1 and CAD 2, CAD 1 and CAD 3, CAD 1 and CAD 4, and CAD 2 and CAD 3, CAD 2 and CAD 4, CAD 3 and CAD 4 patients on health behavior, consciousness and carelessness factors of health behavior.
5.2. FUTURE RESEARCH SUGGESTIONS

- Many more types of Coronary Artery Disease (CAD) to be taken into consideration. For example: Congenital Heart Diseases, Valvular Heart Diseases and Adult Congenital Diseases
- Duration of illness and family history of patients should also be taken into account.
- An attempt could be made to examine the impact of socio-economic and marital status of the cancer and CAD patients on the levels of Hope, Happiness and Health Care Behaviours.
- Research is needed to focus on social support and stress as an independent variable.
- One important feature which needs to be considered in the prospective studies is the positive psychological states. The concept of meaning in life and optimism should also be studied in such patients.