Chapter 5
Major Findings, Limitations, Future Research Suggestions
CHAPTER FIVE

MAJOR FINDINGS, IMPLICATIONS, LIMITATIONS AND FUTURE RESEARCH SUGGESTIONS

5.1 Major Findings

The present study focused on perceived social support and meaning in life in relation to mental adjustment among cancer patients. For this purpose a sample of 200 cancer patients were selected.

After analyzing the data, the main findings obtained from the present study are as follows:

- Significant positive relationship was found between meaning in life and mental adjustment among cancer patients.
- Three dimensions of perceived social support namely, Support from family, support from friends and support from significant others are positively correlated with three sub-scales of mental adjustment namely, fatalism, fighting spirit, and cognitive avoidance and negatively correlated with two sub-scales of mental adjustment, i.e. helplessness/hopelessness and with anxious-preoccupation among cancer patients.
- Presence of meaning in life (dimension of meaning in life) is positively correlated with fatalism, fighting spirit, cognitive avoidance (sub-scales of mental adjustment) and negatively correlated with helplessness/hopelessness and anxious-preoccupation (sub-scales of mental adjustment) among cancer patients.
- Search for meaning in life (dimension of meaning in life) is negatively correlated with fatalism, fighting spirit, cognitive avoidance (sub-scales of mental adjustment) and positively correlated with helplessness/hopelessness and anxious-preoccupation (sub-scales of mental adjustment) among cancer patients.
mental adjustment) and positively correlated with two sub-scales of mental adjustment namely, helplessness/hopelessness and anxious-preoccupation among cancer patients.

- Meaning in life emerged as a significant predictor of mental adjustment among cancer patients.
- Support from family and support from friends (dimensions of perceived social support) and presence of meaning in life (dimension of meaning in life) emerged as significant positive predictors of fatalism (sub-scale of mental adjustment) among cancer patients.
- Support from significant others and support from friends (dimensions of perceived social support) and presence of meaning in life (dimension of meaning in life) emerged as significant positive predictors of fighting spirit (sub-scale of mental adjustment) among cancer patients.
- Support from significant others, support from friends and support from family (dimensions of perceived social support) and presence of meaning in life, (dimension of meaning in life) emerged as significant positive predictors of cognitive avoidance (sub-scale of mental adjustment) among cancer patients.
- Support from significant others (dimensions of perceived social support) and the presence of meaning in life (dimension of meaning in life) emerged as significant negative predictors and search for meaning in life (dimension of meaning in life) emerged as a significant positive predictor of helplessness/hopelessness (sub-scale of mental adjustment) among cancer patients.
- Support from friends, support from significant others (dimensions of perceived social support) and the presence of meaning in life (dimension of meaning in life)
life) emerged as significant negative predictors of anxious-preoccupation, whereas search for meaning in life (dimension of meaning in life) emerged as a significant positive predictor of anxious-preoccupation (sub-scale of mental adjustment) among cancer patients.

- Male cancer patients have been found high on support from friends (dimension of perceived social support), fighting spirit and cognitive avoidance (sub-scales of mental adjustment), whereas females are high on helplessness/hopelessness and anxious-preoccupation (sub-scales of mental adjustment). However, no significant mean difference has been found between male and female cancer patients on perceived social support and its two dimensions (support from family, support from significant others), meaning in life and its dimensions (search for meaning in life, presence of meaning in life), and mental adjustment.

- Cancer patients living in urban areas experience more support from friends (dimension of perceived social support) as compared to the patients living in rural areas. However, no significant mean difference has been found between cancer patients of rural and urban areas on perceived social support and its two dimensions (support from family and support from significant others), meaning in life and its dimensions (search for meaning in life and presence of meaning in life) and mental adjustment and its five sub-scales namely, fatalism, fighting spirit, cognitive avoidance, helplessness/hopelessness and anxious-preoccupation.

- Cancer patients belonging to joint families have been found high on perceived social support and its dimension namely, support from family; meaning in life and its dimension, i.e. presence of meaning in life as compared to cancer
patients belonging to nuclear families. However, cancer patients belonging to nuclear families have been found high on helplessness/hopelessness (sub-scales of mental adjustment) as compared to cancer patients belonging to joint families. No significant mean difference has been found between cancer patients living in nuclear and joint families on support from friends, support from significant others (dimensions of perceived social support), search for meaning in life (dimension of meaning in life), fatalism, fighting spirit, cognitive avoidance and anxious-preoccupation (sub-scales of mental adjustment).

5.2 Implications

The role of positive variables, i.e. perceived social support and meaning in life and their dimensions with regard to mental adjustment and its five sub-scales namely, fatalism, fighting spirit, cognitive avoidance, helplessness/hopelessness and anxious-preoccupation can be greatly appreciated by the evidences of the results of the present study. We believe that feelings of perceived social support and meaning in life, among cancer patients can provide a broader as well as realistic view towards adopting positive adjustment techniques like fatalism, fighting spirit and cognitive avoidance and avoiding the negative adjustment techniques namely helplessness/hopelessness and anxious-preoccupation. The role of meaning in life in predicting mental adjustment is prominent in itself. Moreover, the role of the support from significant others, support from friends, support from family and presence of meaning in life in predicting fatalism, fighting spirit and cognitive avoidance is quite prominent and can lead to theoretical and practical implications in the realm of research and interventions to improve quality of life at individual and community level.
The current findings provide pragmatic support on the significance of experiencing presence of meaning in life to adopt positive adjustment techniques like fatalism, fighting spirit and cognitive avoidance when confronted with a chronic illness like cancer. Simultaneously, the results also reveal that search for meaning in life diverts cancer patients towards negative adjustment techniques like helplessness/hopelessness and anxious-preoccupation and depletes their well-being. It is evident from the results of the present study that presence of meaning in life is a psychological resource for the cancer patients. Health professionals working with cancer patients should give due consideration to the patients who are characterized by lack of experiencing meaning in life. The regular monitoring of patient’s meaning-related concerns can indicate patients’ decreases in meaning and increases in searches, indicating the need for a referral to psychotherapy. The present time pressure in medical care as well as the prime focus on biological and physiological processes might obstruct this debate in a medical setting. However, the present findings should persuade clinicians to reflect on the adaptive as well as maladaptive aspects of presence of meaning in life and search for meaning in life and their significant role in the coping processes of cancer patients.

It has been confirmed in present findings that dimensions of perceived social support namely, support from significant others, support from friends and support from family are powerful forces which influence mental adjustment techniques of cancer patients. The results of this study make it apparent that there exists a positive connection between dimensions of perceived social support and three sub-scales of mental adjustment namely, fatalism, fighting spirit and cognitive avoidance. Health care professionals play an important role into the well-being and betterment of cancer patients. Health care professionals should not ignore the importance of perceived
social support and must adopt a unique position to offer information or emotional support to cancer patients. It is a fact that health care professionals are aware about the stress level of cancer patients and it is mandatory for them to ensure that adequate support systems are in place and assess the perceptions of social support among cancer patients. They also aid these patients in finding social support, which may improve perceptions of social support and ultimately improve health behaviors and outcomes.

Absence of support from family members, friends and significant others have been found the significant predictors of negative adjustment techniques like helplessness/hopelessness and anxious-preoccupation among cancer patients. It is essential for family members, friends and significant others to be positive towards cancer patients and provide them proper support. Presence of support from family, friends and significant others have been found significant positive predictors of positive adjustment strategies like fatalism, fighting spirit and cognitive avoidance among cancer patients. The family members, friends and significant others should take these findings in cognizance and must play their important role in lives of the cancer patients in order to make their lives healthy and happy. They must give best in order to keep the hope, happiness and spirit for life alive in those patients.

Perceived social support, presence of meaning in life and positive mental adjustment techniques can improve well-being of the cancer patients by:

- Eliminating the levels of anxiety, stress, depression, loneliness and other psychological problems.
- Teaching them how to become psychologically strong.
- Uplifting their personal growth and self-awareness.
- Decreasing their feelings of isolation, rejection and loneliness.
➢ Enhancing their sense of attachment with others.

➢ Increasing their adherence to positive adjustment strategies like fatalism, fighting spirit and cognitive avoidance.

➢ Guiding them towards finding meaning in life and escalating their determination to live.

5.3 Limitations

Research is a continuous process and is never completely perfect due to certain unavoidable circumstances researchers face during the process and especially when we talk about social science research. Limitations outline the parameters of the study and include some potential areas where the thesis may fall short. Limitations section is a traditional nod to humility and recognition that though the work is comprehensive, but not complete. Limitations keep alive the scope for further research in the field. Every research carries certain flaws that gives insight for new researches. Keeping in view the above facts, the present study is also subject to certain limitations which can be discussed as under:

a) The major limitation of the study is that the target population was sensitive that had effect on objectivity of study.

b) The selected sample group was heterogeneous with respect to their educational status which may have resulted in variation of responses.

c) Minimal demographic data were collected for the sample in this study. Information regarding the financial status, marital status, stage of disease, duration of disease, age of the patients, type of cancer, and educational qualification would also have been important variables to include in the analysis. For instance, not knowing whether cancer patient was a married or
unmarried concealed any possible influence marriage would have on patient’s life.

d) Keeping in view the nature of the target population, combination of qualitative and quantitative research would have been more appropriate and much informative as compared to quantitative study alone.

5.4 Suggestions for Future Research

Research is an unending process because every study leaves behind its shortcomings and makes room for future researchers to dwell in diverse ways and contexts. Thus taking the limitations of this study into consideration, there are several recommendations for future research which are given below:

a) There is much scope to conduct further research on perceived social support, meaning in life and mental adjustment among cancer patients in order to recognize the pathways in which these variables are related in this population. This study provides the groundwork for further exploration. Further research should include a qualitative component, which would provide the opportunity to learn more about the lived experience of cancer patients.

b) Future studies should involve a larger and more diverse group of cancer patients, including a more ethnically and racially diverse sample. This would allow further study of the ways that culture and ethnicity play a role in perceived social support, meaning in life and mental adjustment among cancer patients.

c) Alternative research techniques should be used by future researchers to authenticate the results. Moreover, Short versions of scales and questionnaires and adequate sample size should be preferred by future researchers.

d) More research is needed to explore the role of positive intervention variables such as perceived social support, meaning in life, hope, resilience, psychological
capital, hardiness in adjusting with the disease like cancer. These positive variables should be taken into consideration while dealing with the problems of mental adjustment of cancer patients.

e) The impact of certain socio-demographic and clinical variables such as financial status, marital status, stage of cancer, type of cancer, duration of illness, age of the subjects, and educational qualification should be given due weightage in future research endeavors.