CHAPTER - III

Methodology
The methodology of the present study has been worked out in accordance with the objectives set in chapter I. The concept of methodology includes four aspects, namely, sample, measures, procedure and data analysis. The present study is of correlational in nature.

**SAMPLE:**

The sample consisted of two hundred patients. They were categorized into three main groups. Group I comprised of 70 hypertensive patients (male =30 and female=40). Group II comprised of male (54) and female (46) patients of bronchial asthma, and Group III Consisted of male (15) and Female (15) patients who have bronchial asthma and hypertension. The patients were drawn from the O.P.D and ward of cardiology center and from OPD and ward of T.B. and respiratory diseases of J.N. Medical College, A.M.U., Aligarh.

Distribution of Sample is given below:

\[ N = 200 \]

- **Hypertensive patients** (70)
  - Male (30)
  - Female (40)
- **Bronchial Asthma patients** (100)
  - Male (54)
  - Female (46)
- **Bronchial Asthma and Hypertensive patients** (15)
  - Male (15)
  - Female (15)
TOOLS: The present study employed the following tools.

Satisfaction With Life Scale (SWLS) (Diener, 1984), was used to measure subjective well-being of the patients. The satisfaction with life scale comprised 5 items with a 7-point rating scale ranging from strongly agree to strongly disagree.

Dinner and other author (1985) have consistently shown correction coefficients of .8 and higher for short term (two weeks or two months) test-retest methods. Longer term efforts, 10 weeks and 4 years, have shown fairly good results with corrections of .50 and .54, respectively.

Religiosity Scale (Decker And Broota, 1985)

The religious scale measures the extent of an individual's dependency on the supernatural being and adherence to the doctrines of one's faith. The final scale consisted of 44 items out of which 25 were positive and 19 were negative. The presence of both negatively and positively worded items is essential, for it avoids the tendency of the respondent to develop a response set, that might occur, were the items only positive or only negative. The reliability of the final scale was established using the split half technique. The items of the scale were split into two equivalent forms using the odd-even methods. The reliability coefficient of the half tests was .91 (using Pearson's product moment.)

The obtained value was corrected for length using Spearman
Brown formula and was 0.96. Thus, the reliability coefficient for the religiosity scale was 0.96 for an adult sample of subjects.

**Ego-Strength Scale**

Indian adaptation of Barron’s ego-strength Scale (Hasan, 1974) was used to measure ego-strength. The ego strength scale comprised of 32 items with the two alternative response category. The frequency of negative responses on the ego-strength scale indicate the degree of the ego-strength. The Odd-even reliability of the adapted scale is found to be .78 (corrected). The test retest reliabilities of the adapted scale were found to be .86 and .82 respectively.

**Significant Others Scale (SOS)**

The SOS developed by Power, Champion and Aris (1988), is a flexible instrument for the measurement of an Individuals perceived support. The aim of SOS is to measure emotional and practical support. In the scale all 10 items were prefaced with the phrase “To what extent can you........?” Actual support of the respondent was measured in terms of the currently applicable relationship (Spouse/Parents) on each of the 10 support functions. A 1-7 scale was used from 1-never to 7=always. The test retest correlations for the scores were all highly significant and ranged from 0.73 to 0.83. There were some preliminary validity data for the scale.
PERSONAL DATA SHEET

The personal data sheet includes the following aspects like patients name, age, sex, and occupation, Name of the disease. Family history, Smoker/Non Smoker, Blood Pressure, duration of illness, mode of treatment, and hospitalized or non-hospitalized.

PROCEDURE

The data were collected individually from the patients in the O.P.D. and wards. Before administering the tools, the investigator established rapport with the patient's and assured them that data will be used for research purpose only. The investigator helped those subjects or patients who faced difficulty in understanding some of the items in the scale. After data collection scoring was done by the investigator herself.

DATA ANALYSIS

The data were analysed with the help of some suitable statistical techniques such as Person Product Moment coefficient of correlation, partial coefficient of correlation and multiple coefficient of correlation. Pearson Product Moment correlations were computed to determine the relationship between the variables of the study among the groups.

Partial correlations were computed for partilled out or eliminating the effects of variables, that may influence the
relationship between two variables whose relationship is to be considered. Multiple coefficient of correlations were computed to determine the correlations between scores actually obtained and scores predicted on satisfaction with life scale from the three variables, Religiosity, Ego- Strength and Social Support.