CHAPTER THREE

METHODOLOGY
This chapter describes the methodology of the present investigation. It explains the statement of the problem, sample, tools, procedure of data collection, and statistical analysis of data.

**Statement of the Problem:** The present investigation is an attempt to study the awareness of Coronary Artery Disease (CAD) risk factors and prescribed-nonprescribed coping strategies in relation to attitude towards life among myocardial infarction and angina pectoris patients.

**Sample:** The sample for the present study consisted of 200 CAD patients, drawn from the OPD of the Centre of Cardiology, JNMC, A.M.U., Aligarh. The sample was divided into two main groups. The first group comprised 100 Angina Pectoris patients while the second group consisted of 100 Myocardial Infarction patients. The sample was further split in terms of the variable of gender, i.e., males and females. The criteria for the selection of patients included: (a) confirmed diagnosis of disease by physicians, (b) proof Electrocardiograph (ECG) documentation of angina and MI, (c) manifestations of coronary insufficiency and certain ECG irregularities, (d) indices of atherosclerosis, and (e) the patients were having the disease and undergoing treatment and medical check-ups at the outpatients clinic at the time of the investigation. The diagnostic criteria excluded
patients with ambiguous and clinically unexplained cardiovascular disorder (CVD) and with established medical conditions known to be of physiological origin. The age range of the sample was from 30 to 82 years. Mean ages of the first group (Angina Pectoris) males and females were 55.15 years and 50.08 years, respectively. The mean ages of MI males and females were 58.53 years and 51.37 years, respectively.

The distribution of the sample is given below:

Sample

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\text{(N=200)}
\]

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\begin{align*}
\text{Angina Pectoris} & \quad \text{Myocardial Infarction} \\
\text{(N=100)} & \quad \text{(N=100)} \\
\text{Male} & \quad \text{Male} \\
(n_1=61) & \quad (n_1=70) \\
\text{Female} & \quad \text{Female} \\
(n_2=39) & \quad (n_2=30)
\end{align*}
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Tools: The following tools were employed in the present study:

**Personal Data Sheet (PDS)** The PDS included the following information about the patient: Name, age, marital status, occupation, weight, address, diagnosis, family history of CAD, and clinical features and investigations.

**CAD Risk Factors Questionnaire** The CAD Risk Factors Questionnaire was developed by the investigator. For this, the investigator reviewed the existing literature about the risk factors of CAD and selected the major risk factors. The investigator approached a physician and a cardiologist to prepare the final format of the questionnaire.

The CAD risk factors questionnaire consisted of 46 risk factors represented into seven sections. The seven groups of risk factors include lifestyle, psychosocial, environmental, personal, dietary, physical, and organizational factors. The lifestyle factors include three items, viz, sedentary lifestyle, diabetes mellitus, etc. The psychosocial factors include eight items, viz. depression, Type A Behavior, etc. Under the environmental factors four items are included, viz. pollution, living in crowded environment etc. Personal factors cover six items, viz, substance abuse (alcohol, smoking), family history of CAD, etc. The dietary factors include six items, namely, high intake of salts, fast food consumption, etc. The physical factors comprise five
items, viz., ageing, hypertension, etc, and last factor, i.e., organizational includes ten items, viz., departmental politics, job insecurity, etc. The responses to the questionnaire were obtained on a 5-point rating scale. The response categories correspond to the extent of awareness of the risk factor to CAD and were: very much aware (4); much aware (3); somewhat aware (2); not much aware (1); and definitely not aware (0). For scoring the response of the respondents the numbers given in the parenthesis were used.

**Coping Strategies Check List** The Coping Strategies Checklist consisted of 33 items, each of them describes a way to cope with the disease. The items have been classified into five types of coping strategies viz., behavioral coping (10 items); social coping (5 items); Avoidance coping (6 items); Religious/Spiritual coping (6 items); and cognitive coping (6 items). There were two additional items, viz., ‘use of prescribed drugs’ and ‘any other’ coping strategies.

There were two sections, under which the respondents were asked to give their responses, viz., ‘prescribed’ and ‘non-prescribed’. The respondents were asked to indicate whether the coping strategies which they adopt were prescribed by the doctor, non prescribed, or both, by putting a check-mark (✓) against the items under these two sections. The investigator
developed the coping strategies checklist. For scoring purpose the percentage for each item was computed for each group of patients.

Life Attitude Profile The investigator used the Life Attitude Profile (LAP) developed by Reker and Peacock (1981), to assess the attitude towards life of the CAD patients. The LAP is a multidimensional measure of attitudes toward life. The LAP is an instrument designed to assess the degree of existential meaning and purpose in life and the strength of motivation to find meaning and purpose.

The LAP is a 44 item, 7-point [strongly disagree (1) to strongly agree (7)] Likert scale. The scale comprised seven dimensions/factors, viz., Life Purpose, Existential Vacuum, Life Control, Death Acceptance, Will to Meaning, Goal Seeking, and Future Meaning to Fulfil.

The respondents were asked to indicate the degree of their agreement or disagreement with, the items by mentioning the respective number of the response against each item. For scoring purpose, the response i.e. the number indicated by the respondent was treated as the score for each item. However, for two items, under the Death Acceptance factor, i.e. item nos 12 and 40, the scoring was reversed, as these two are negative items. The scores on the LAP could range from a minimum of 44
to a maximum of 308.

**Procedure:** The data were collected individually from the subjects through face-to-face interview method. The investigator established rapport with each of the subjects and assured them that their responses would be kept confidential and will be used for research purpose only. They were requested to respond candidly as per the instructions given. Subjects, on an average, took about 45 minutes' time in completing all the questionnaires. After data collection, the investigator did the scoring for all the three tests herself, and analyzed the data.

**Data Analysis:** The data were analyzed by means of certain appropriate statistical methods such as critical ratio of percentages and t-test. For analyzing data on the CAD Risk Factors Questionnaire, t-test was applied for each item, and significance of difference between the mean scores of males and females of each group was computed. For the Life Attitude Profile (LAP) the t-test was applied to know the significance of difference between the mean scores of males and females of each group, on each of the seven factors and for the overall score obtained on LAP. The data obtained for Coping Strategies was converted into percentages for analysis. It helped in understanding which coping strategies were used mostly by each group of patients and the percentages of prescribed and non-
prescribed coping strategies. Critical Ratio of percentages was used to examine the differences between the comparison groups for both prescribed and non-prescribed strategies.