

# Treatment Motivation and Hopelessness among Ischemic Heart Disease Patients

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**Abstract:** This study originated from a research interest in “Treatment Motivation and Hopelessness” “ischemic heart disease patients” was conducted in “order to measure the level of treatment motivation and Hopelessness among Ischemic heart disease patient”.in association with their lifestyle modification. The sample for this study was consisted on 150 patients diagnosed with ischemic heart disease. There were 35 females and 115 were males. The Sample was taken from Multan Institute of Cardiology and the Cardiology department of Nishter Hospital Multan. The Purposive sampling technique was used to collect the data. The age range of respondents was from 35 to 77 years. The Beck Hopelessness Scale (BHS) was developed by Aaron T. Beck, (1974) at the center of cognitive Therapy University of Pennsylvania, which is consist on 20 true, false items. The informed consent was taken from respondents and demographic data was conducted then the Treatment Motivation Questionnaire and the Beck Hopelessness Scale were applied to them. After taking data respondents were thanked and assured that their data was only used for research purpose and will be kept confidential.

**Keywords:** Treatment, Motivation, Hopelessness, Ischemic.

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## 1. INTRODUCTION

This study originated from a research interest in “Treatment Motivation and Hopelessness” “ischemic heart disease patients” was Conducted in “order to measure the level of treatment motivation and Hopelessness among Ischemic heart disease patient”. In association with thier lifestyle modification. “Motivation is a complex” concept that needs certain circumstances, behaviors and attitudes as indicators, “Motivation is the state of mind”, which emerges within a person and directs him towards the goal or the achievement of the desired result. All these initial basic behaviors are motives. Generally “motives can be classified into the” following two categories:

## 2. CATEGORIES OF MOTIVATION

### Primary Motives:

These are also concerned with the initial motives and some regard them as natural motives because these are concerned with the individual and his community. These motivates are hunger, thirst, relief from pain, sleep, comfort, sexual desire etc. these motives are found in every person. These are born instructs and satisfy the basic needs of the body. These motives satisfy physiological and biological needs such as: Hunger, thirst, Resting after being tired, Engaging in work after rest , Needs for sleeping after remaining sleepless for many hours ,Releasing unnecessary wastes from the body just as stool urine and sweat, Satisfying sexual desire , Need for protection from storm, rain, cold, heat, and danger from wild beasts.

### Secondary Motive:

These are socially learned motive. While satisfying his physiological needs, man derives these motives also “need for love and belongingness”, needs for protection, status and acceptance. Energy motives and achievement motives

are its example. These motives are responsible for needs and human behaviors and leads. it towards definite goals. Thus these motives give birth to social and psychological needs, such as: Needs for being independent and self-dependent, Needs for protection related needs, Achievement related needs, Affection related needs, Respect and social acceptance related needs, Needs for befriending or leading, Needs for power and looking socially powerful, Needs for self-expression and exposition.

#### **Types of Motivation:**

There are two types of motivation: “Internal or Intrinsic motivation” and External or extrinsic motivation

#### **Intrinsic Motivation:**

These motive exists within the individual and are not dependent on any external force or pressure. It is a force within the individual and also work from inside of the individual, this type of motivation does not depend upon any external or outside stimulus. A natural interest in some act as intrinsic motivation because no outside force is required to get the individual involve in activities of his/her interest. The realization of one’s or the achievement motivation are “the examples of intrinsic motivation”.

“Intrinsic motivation” is the most effective type of drive. The interest is within the activity and learning carries its own reward. It is this truth which keeps the learner bound to the activity. In education, the method (whole hearted purposeful activity) is apperception concept in the Herbartian methodology are attempts to create and utilize intrinsic motivation.

#### **Extrinsic Motive:**

These are occasions when learning proceeds “in the absence of intrinsic motivation”. It is called extrinsic motivation because it is external to the learning activity itself. “It is usually provided by incentives outside the activity or the task”. It is not artificial; it must be develop upon the foundation of some existing natural response or tendency.

Appreciation, praise and reward are the example of extrinsic motivation. Intrinsic motivation is more or less natural and therefore, “the teacher can do” very little regarding this; therefore, the teacher should make use of such methods, devices and techniques, which help to provide extrinsic motivation.

It is r”efers to performance of an activity in order to attain an outcome, which then contradicts intrinsic motivation”. It is external force on an individual and is usually like money or grades. “It has been long recognize” that patient’s motivation is a pivotal factor in treatment and “importance of treatment motivation is mainly based upon its assumed relationship with the treatment related behaviors which is often referred to as adherence”, compliance or treatment.

Ryan, Plant and O’Malley “noted that lack of motivation is one of the most frequently cited reasons for patient drop, failure to comply, relapse, and other negative treatment outcomes”. Treatment motivation of the patients play a significant role in the choice of therapeutic intervention. Rosenbaum arid Horowitz noted much of a therapists work during clinical practice involves the tracking of such motivational states and state changes.

#### **The “concept of treatment Motivation”:**

The present literature defines treatment motivation as a patient’s condition which vary and could be influenced through the treatment process, but the conceptual definition of treatment motivation is not be made in literature till now. Veith (1997) “notes that lamentation about conceptual confusion surrounding this concept is repeated in almost every review about the subject”.

#### **Sources of Conceptual Confusion:**

##### **Failing to Relate Motivation to Behavior:**

An obvious starting point for a conceptual “analysis of treatment motivation is the more encompassing concept of motivation”.

Kleinginna and Kleinginna (1981) sumed up various definitions of treatment motivation and now many new definitions also have been proposed due to the high level of variability of this concept but most definitions have one mutial or common element, that is the “moving force”. All the definition of motivation states it as a moving force

which moves an organism to engage in a specific activity of behavior. It means that motivation always develops for particular or specific behavior, and there is essential link between motivational and behavior, but unfortunately this important aspect is ignored in the literature of treatment motivation. This results in conceptual ambiguity, which is could be seen in the term “treatment motivation” because treatment does not automatically direct the particular or specific behavior, “it remains unclear to which behavior the motivation refers”. “A look at the possible behavioral objects to which treatment motivation can refer, reveals that the term encompasses different concepts”. “For individuals who have not yet entered treatment, relevant treatment related behaviors are looking for and entering into treatment”

“For patients, who by definition receive some treatment, treatment motivation must be defined in relationship to their behavioral engagement during the treatment process”. (Dahle, 1995; Gerdner & Holmberg, 2000). This obscurity could be decreased through making distinction between ‘motivation to enter treatment’ and motivation to engage in treatment’. It is significant to differentiate between motivation and desires or wishes. A desire could be a source of motivation but it is not the necessary or essential element of motivation.

### Factors of Treatment Motivation:

#### Conceptual level:

“Most illustrative for the conceptual confusion concerning treatment motivation is the sheer amount of concepts which are regarded as motivational”. Rosenbaum and Horowitz (1983) summed up 125 terms related to treatment motivation. De Moor and Croon (1987) elaborated 23 aspects of treatment motivation. Keijsers, Schaap, Hoogduin (1999) “operationalization’s and instruments in studies over the past 30 years have produced 24 to 36 different standards for patient motivation”. Rosenbaum and Horowitz (1983) note that “definitions of motivation are so much ambiguous that almost any variable can be thought of as relevant”.

The ambiguity to define treatment motivation is due to a fundamental misconception. The relevant aspects of treatment motivation does not mean that they are the representative of the concept of treatment motivation. The relationship to behaviors should be distinguished, similarly it should be distinguished to internal variables. By disjoining treatment motivation to its determinants would decrease the confusion about its conceptualization by focusing to lists of motivational concepts (De Moor & Croon, 1987; Hoogduin & Schaap, 1989; Rosenbaum & Horowitz, 1983).

Behavioral aspects such as ‘active participation’ or ‘open communication’, intrinsic “determinants of treatment motivation such as” ‘distress’, ‘problem recognition’, or ‘outcome expectancy, and “volitional concepts such as” ‘willingness to sacrifice’, and ‘willingness to participate actively’ are summed up together, “often under the all” encompassing label ‘motivational’.

Nelson and Borkowec (1989) regard “determinants of treatment motivation, such as expectation of success, satisfaction with treatment, and the quality of the therapeutic relationship as “dimensions of client participation”.

Regarding the treatment-related behavior of patients as a dimension of treatment motivation can lead into conceptual quicksand, as is shown by the following quotation “If a key dimension of motivation is adherence to or compliance with a change program, then motivation may be thought of as a probability of certain behaviors” “If we take this pragmatic approach, ‘motivation’ can be defined as the probability that a person will enter into, continue, and adhere to a specific change strategy” (Miller & Rolinick, 1991).

An almost identical formulation had earlier been proposed by Zitman (1978), who defined it as multi-causally determined “probability that a patient chooses a therapy and remains engaged in it until his condition has sufficiently improved”. The strength of this definition is that it associate “the difficult to grasp concept of motivation to observable behavior, which seems rather promising for clinical purposes as well as for the measurement of treatment motivation”. But this definition of treatment motivation is circular and many authors argued the danger of circularity to the concept of motivation (Bandura, 1986; Dahle, 1995; Fisher, 1996; Lens, 1997; Ryan et al., 1995).

Albert Bandura (1986) stated that intention could not be assumed from actions, otherwise it will give a circular elucidation in which an event could be considered both cause and effect, therefore intentions should be defined separated from behavior.

Miller and Rollnick's (1967) argued that "definition implicitly assumes that treatment motivation is the only factor influencing the patient's behavior", but this definition ignores the situational factors which could influence the patient's motivation to treatment. Krause (1967) notes "Since these difficulties differ for individuals, no functional relationship can exist for individuals directly between degree of adequate patient role performance and motivation for treatment".

In sum motivation is considered as the source of efforts or all the factors which play role in increasing or decreasing the activity level of individuals.

Thus, learning is directly proportional to motivation. The great the motivation, the great the learning, Besides the definition given above motivation has also been definition as follow: Lowell defines motivation as "A psychological or internal process initiated by some need which lead to the activity which will satisfy that need," "Anything that initiates activity, weather internal or external, is motivation"

### **Theories of Motivation:**

Psychologists have tried to explain the phenomena of motivation in different ways, some of which are described below.

#### **McDougall's theory of instinct:**

This theory was presented by William McDougall who defined that instincts are the fundamental source of motivation. He defined instincts as the naturally defined and innate patterns of behaviors and much of human internal or external behavior is based on instincts. McDougall elaborated a list of 14 instincts in which each instinct is related to an emotional disposition. For example instinct of escape is related to emotion of fear and combate is related to anger. He stated the all types of behavior are instinctive and have three aspects: Cognition, Affection, and Conation

This theory has great controversy and criticism because all behaviors could not be explained in terms of instincts much of human behavior is learned acquired through environmental manipulation. Many sociological and anthropological researchers stated that human behavior is not instinctive, like animals, rather it is shaped by social and cultural factors. Cognitive researchers also argued that higher intellectual abilities or functioning could not be explained instinctively such as thinking, reasoning and problem solving.

#### **Hull's Drive Reduction Theory:**

Clark Leonard Hulla (1943) presented a theory of motivation which he named Drive Reduction Theory of Motivation. He stated that biological needs such as hunger, thirst and sex produce a motivational or internal tension, named drive which responsible for initiating and maintaining the primary responses. Organisms use all their energy to reduce this tension (drive) to gain the optimal level of functioning. This theory was supported by many psychologists and some broadened this perspective by including psychological drives in it.

#### **Freud's Psycho-analytic Theory of Motivation:**

This theory stressed the importance of instincts and unconscious for motivation. Freud also believed that instincts are the fundamental cause of human behavior. In his book "An Outline of Psychoanalysis" 1953 he elaborated two types of instincts "Eros" and "Thanatos". Which are respectively related to life and death instincts. Life instincts which motivate ortanisms for pleasure and survival related behaviors, and death instincts leads to the destructive behaviors.

#### **Behavior Leaning Theories of motivation:**

According to the behavioristis view how and why we behave in a delicate manner is fashioned by the experiences we receive through the acts of learning or training. Most of the time behavior is directed by the "mechanism of stimulus response" as described by Thorndike or by the mechanism of "classical conditioning as described by Pavlov and Watson or operant conditioning a described by B.F Skinner. Skinner's operant conditioning stresses the significant of reinforcement as the organisms behavior is shaped by the consequences of its behavior or reinforcement. In the further elaboration Alber Bandura (1977) described that human behavior and motivation is directed by the social reward which he called social learning theory.

According to him the imitation of “other’s behavior if it results in a reward provides a valuable motivational source for most of us and that is why the concept of modeling is more commonly employed in the world of industry and advertisement”.

#### **Adler’s Social Urges Theory:**

According to Alfred Adler behavior is motivated by social urges. One has to achieve a level of safety through dominance or superiority, to avoid the feelings of inferiority one has to struggle for superiority. Therefore the struggle for power achievement and status or the will to determinate are really an outgrowth of fundamental need for security. Thus the motivation of human behavior may be endorsed through a single basic drive known as the security drive or motive or in terms of single need the for the security to maintain one’s social sell.

#### **Maslow’s Self-actualization Theory:**

Abraham Maslow (1954) stated that behavior is multi motivated because it helps to fulfill many needs. According to Maslow human needs are arranged in a hierarchical manner. They are closely related to each other and may be arranged from the lowest to the highest development of the personality). He proposed five sets of basic needs that can be arranged in a definite hierarch Cal order for understanding human motivation. The “physiological needs” which are essential for the survival are at the bottom of the hierarchy and psychological needs are at top of the hierarchy. Untill the needs of one level are not to be satisfied the motivation for needs of other level are not start.

#### **Factor Affecting Motivation:**

As motivation or interest is the basic condition of learning the teacher must know how arouse and maintain interest in the class. Following are some of the most important conditions for promoting motivation:

#### **Creating Interest:**

Creating interest in learning something is perhaps the best way of promoting motivation. The interest may be natural or acquired. If the interest is natural it is a case of intrinsic motivation and therefore no external force of any type is required. But interests are not always natural they are acquired. For example interest in sport, music, painting, etc. is generally acquired and created. Once the interest is created it works like intrinsic motivation and therefore the need for extrinsic motivation becomes unnecessary.

#### **Arousing Curiosity:**

Curiosity is a great motivation force. Once the students become curious about something they will be keenly interested to know about it. Arousing of curiosity therefore is an important condition for motivation. Curiosity about something will naturally lead to its exploration. Thus exploration may be diverse or specific. Driverse exploration is a behavior that results in an increase in stimulation which is not aimed at a particular object or person. The motivation for speciefies exploration is called curiosity.

#### **Developing Achievement Motivation:**

Achievement motivation is defined as “A need that a person feels within himself to compete against an interested standard of excellence.” Thus, “Achievement motivation is the expectancy of finding satisfaction in mastering challenging and difficult tasks”. In other words it is the pursuit of excellence. The students, who have high achievement motivation, work hard and consequently perform well in their chosen field. The teacher must therefore. Encourage the students who want to achieve as much as possible.

#### **Providing Incentives:**

Extrinsic motivation can be produced by providing incentives. The incentives can be in the form of rewards, awards, praise and appreciation. Nothing spurs an individual for greater efforts as a word of praise and appreciation. Therefore the teacher should make use of such incentives correspond to outer and extrinsic motivation. They are the means which are employed to induce a person to do something that otherwise would not do or would not do as well.

#### **Producing the Spirit Competition:**

Spirit of competition is great motivation forces. Spirit of competition implies the desire to excel other. It is a sort of race in which everybody likes to win. Competition has been widely used by the teacher as a means of motivation towards scholastic achievement thus the students be encouraged to compete with one another to win some prize or to receive the higher grade in the examination.

### 3. HOPELESSNESS

Hopelessness is defined as having no expectation of good or hope for success, nor any anticipation of a solution to life's problems. Person who find themselves in a hopeless frame of mind feel at a complete loss. They often do not pursue help because they have no confidence that hope exists for their situation. Giving up is the common feeling found among the individuals with hopelessness. They feel that their feelings of sadness or hopelessness are inevitable. However the outburst of sadness or hopelessness is the sign that the individual is striving for hope and indicate inner desire to be rescued.

Hopelessness is described as the absence of expectations for good in life. A person with hopelessness do not accept help because he has lost his confidence regarding the solution of his problems. He show nothing positive of hopeful about the future. "It has been argued that person's hopelessness objectives can be defining it in terms of system of negative expectancies concerning himself and his future life". Acute and chronic stress and hopelessness increase the chances of ischemic heart disease and leads to the development of heart diseases. Dunn and Susan found that hopelessness cause the low level of participation in rehabilitation activities among cardiac patients.

"Hopelessness is belief that nothing will do any good and the future is full fain and trouble". Person loses hope for the betterment in future and believe that nothing good will happen and no one can make the things better in life and believes that there is no hope after death." Hopelessness can be objectified by defining it as a system of cognitive schemas whose common denomination is negative expectations about the future" (Beck, Weissman, Lester, &Trexier, 1974). "It has been argued that a person's hopelessness can be objectified by defining it in terms of a system of negative expectancies concerning himself and his future life" (Beck et al., 1974). Hopelessness consists on negative views regarding self and the world (Kazdin et al., 1986). These feelings of hopelessness could be result of stressful life events during the development of individual (Kazdin et al., 1986).

Range and Penton (1994) describe hopelessness as inaction when threatened. They contend that a person who has hope may anticipate that although she may presently be uncomfortable, she may feel better in the future; she senses the possible. Their study resulted in significant correlations indicating that, as hope increased, hopelessness decreased.

Hopelessness may occur due to cognitive deficiency or inability to find solutions of problems which leads to the sense of helplessness. Therefore hopelessness could be related to the individual's inappropriate problem solving skills (McLaughlin, Miller, & Warwick, 1996). Shiomi (1995) found that hopelessness is significantly correlated with low level of motivation.

A study conducted in California on 2428 middle aged men found that hopelessness cause death, heart attacks and cancer among middle aged men. This study also found that moderate or high level of hopelessness among men was significantly correlated with the increased risk of deaths as compared to men with low scores in hopelessness.

Hopelessness found to be significant factors as compared to behavioral, socioenomic, biological and social support. High level of hopelessness was found to correlated with heart attacks an moderate hopelessness was found to be correlated with cancer

Feelings of depression and hopelessness are related to the development and progression of fatal or nonfatal heart disease. Similrly women with sever depression and hopelessness were found to be at risk of cardiac diseases such as "Sedden Cardiac Death" (SCD). High level of association was also found between depression and factors of cardiovascular disease such as high blood pressure and cholesterol level (Dunn, & Susan, 2009).

#### **Types of Hopelessness:**

There are the following types of hopelessness.

1. "Alienation (Attachment)"
2. "Forsakenness (Attachment and Survival)"
3. "Uninspired (Attachment and Mastery)"
4. "Powerlessness (Mastery)"
5. "Oppression (Mastery and Attachment)"

6. "Limitedness (Mastery and Survival)"
7. "Doom (Survival)"
8. "Captivity (Survival and Attachment)"
9. "Helplessness (Survival and Mastery)"

Several research studies on hopelessness found its correlation with suicidal ideation and related behaviors and depression (Barrera et al., 1991; Beck et al., 1993; Milnes, Owens, & Blenkiron, 2002; Steer, Kumar, & Beck, 1993). Becks consider hopelessness a strong predictor of suicidal behavior and depression (Beck et al., 1990; Beck et al., 1985).

Brown (2000) found in a longitudinal study of 6891 psychiatric patients that hopelessness and depression were highly correlated with suicidal ideation. Hopelessness is considered an important risk factor of suicidal ideation and attempt (Glanz, Haas, & Sweeney, 1995). Beevers & Nukker (2004) also found hopelessness as independent risk factor of suicide ideation and attempts

#### 4. ISCHEMIA

Ischemia is defined as "deficient supply of blood to a body part (as heart or brain) that is due to obstruction of the inflow of arterial blood". Many people have ischemic episodes without knowing, referred to silent ischemia. Such people may have heart attack without prior warning or signs. People with angina may also have risk of silent ischemia. People with previous heart attack and diabetes have significant risk of developing silent ischemia.

##### **Rational of the Study:**

Ischemic heart disease is a chronic disease. The patients of this disease usually feel hopelessness after some time. Different researchers such as Dunn (2009) studied the hopelessness in patients with coronary heart diseases. Beck (2000) studied hopelessness in psychiatric patients. Duggan (2005) studied hopelessness with depression and suicidal risk.

##### **Objective:**

- To study the hopelessness among the patients with ischemic heart disease.
- To study the treatment motivation among the patients with ischemic heart disease.
- To study the correlation of hopelessness and treatment motivation among the ischemic heart patients.
- To study the hopelessness and treatment motivation among ischemic heart patient with regard to demographic variables.

##### **Hypothesis:**

- Treatment motivation is higher in male respondents as compared to female respondents
- Hopelessness is higher in male as compared to female respondents
- External motivation is higher in female as compared to male respondents.
- Internal motivation is higher in male as compared to female respondents
- Female respondents are more confident as compared to male respondents

#### 5. METHODOLOGY

##### **Operational Definition of Variables:**

##### **Treatment Motivation:**

"Treatment motivation is a patient state, which fluctuates and can be influenced during the treatment process, clearly prevails". "In spite of this progress, the frustration about conceptual problems remains a constant factor in the literature about treatment motivation".(Veith, 1997).

##### **Hopelessness:**

Hopelessness is defined as "having no expectation of good or hope for success, nor any anticipation of a solution to life's problems. Person who find themselves in a hopeless frame of mind feel at a complete loss"(Beck, 1974).

**Sample:**

The sample for this study was consisted on 150 patients diagnosed with ischemic heart disease. There were 35 females and 115 were males. The Sample was taken from Multan Institute of Cardiology and the Cardiology department of Nishter Hospital Multan. The Purposive sampling technique was used to collect the data. The age range of respondents was from 35 to 77 years.

**Research Instrument:**

**Treatment motivation questionnaire:**

Treatment Motivation Questionnaire (TMQ) developed by Ryan, Plant and O'Malley (1995) which is consist on 26 item and 3 sections to study the internal reason, external reasons and help seeking behaviors related to treatment was used to measure the treatment motivation of ischemic heart patients.

**Beck Hopelessness Scale:**

The Beck Hopelessness Scale (BHS) was developed by Aaron T. Beck, (1974) at the center of cognitive Therapy University of Pennsylvania, which is consist on 20 true, false items.

**Procedure:**

The informed consent was taken from respondents and demographic data was conducted then the Treatment Motivation Questionnaire and the Beck Hopelessness Scale were applied to them. After taking data respondents were thanked and assured that their data was only used for research purpose and will be kept confidential.

**6. RESULT**

**Table 1: Mean, Standard Deviation and t- value for the scores of external motivation in female (n=35) and External Motivation in male (n115)**

Variable	Gender	N	M	SD	t	P
External motivation	Female	35	2.09	0.35	1.01	0.158
	Male	115	2.02	0.32		

(Df = 148)

The above table shows the score of External motivation among female respondents and male respondents. The results show that there is no significant increase in the scores of female respondents as compared to male respondents on External motivation (df=148, tr=J.01, p=0.158)

**Table 2: Mean, Standard Deviation and t-value for the scores of internal motivation is male (n=115) and Internal Motivation in female (n=35)**

Variable	Gender	N	M	SD	t	P
External motivation	Male	115	2.33	0.27	1.97	0.023*
	Female	35	2.23	0.25		

(df = 148, \*p<.05)

The above table shows the score of Internal Motivation among male respondents and female respondents. The results show that there is significant increase in the scores of male respondents as compared to female respondents on Internal motivation (df= 148, t=1.97, \*p=0.023)

**Table 3 Mean, Standard Deviation and t-value for the scores of Help seeking in male (n=115) and help seeking in female (n=35)**

Variable	Gender	N	M	SD	t	P
External motivation	Male	115	2.45	0.45	1.76	0.04*
	Female	35	2.28	0.45		

(df = 148, \*p<.05)



The above table shows the score of Internal Help Seeking among male respondents and female respondents. The results show that male are more Help Seeking as compared to female respondents ( $df=148, t=1.76, *p0.04$ )

**Table 4: Mean, Standard Deviation and t-value for the scores of confidence in female (n=35) and in male (n=115)**

Variable	Gender	N	M	SD	t	P
External motivation	Female	35	2.26	0.38	0.69	0.247
	Male	115	2.21	0.45		

( $df = 148$ )

The above table shows the score of Confidence among female respondents and male respondents. The results show that there is no significant increase in the scores of female respondents as compared to male respondents on Confidence ( $df=148, t=0.69, p=0.247$ )

**Table 5: Mean, Standard Deviation and t-value for the scores of Treatment Motivation in male (n=115) and in female (n=35)**

Variable	Gender	N	M	SD	t	P
External motivation	Male	115	9.00	0.92	0.74	0.321
	Female	35	8.87	0.87		

( $df = 148$ )

The above table shows the score of Treatment Motivation among male respondents and female respondents. The results show that there is no significant increase in the scores of male respondents as compared to female respondents on over all Treatment Motivation ( $df=148, t=0.69, p=0.231$ )

**Table 6: Mean, Standard Deviation and t-value for the scores of hopelessness male (n=115) and in female (n=35)**

Variable	Gender	N	M	SD	t	P
External motivation	Male	115	12.05	1.91	1.68	0.047*
	Female	35	11.43	1.94		

( $df = 148, *p<.05$ )

The above table shows the score of Hopelessness among male respondents and female respondents. The results show that male are more Hopelessness as compared to female respondents ( $df=148, t=1.68, *p=0.047$ )

## 7. DISCUSSION

The finding of this research indicates that there is no significant increase of external motivation of female respondents as compared to male respondents.

The expectation of negative relationship of internal motivation between male respondents and female respondents was based on logical reasoning, because it is proved from this study that internal motivation is high in male respondents as compared to female respondents. It means present finding conform this assumption.

Third hypothesis stated that help seeking behavior is higher in male as compare to female respondents. The results of this study fully support this hypothesis.

Forth hypothesis was that female respondents are more confident as compared to male respondents. Present finding reject this hypothesis and show that the confidence of female respondents are not high. It means that our thinking related to this hypothesis was wrong.

Fifth hypothesis of overall treatment of motivation is high in male respondents as compared to female respondents. The result of this study shows that there is no significant difference in male and female treatment motivation.

The final hypothesis of this research was hopelessness is higher in male as compared to female, The findings of this study prove this hypothesis.

### 8. LIMITATIONS OF THE STUDY

1. Sample size. The size of this sample may be a limitation of the study and therefore would hamper its generalizability.
2. In CPI institute of cardiology Multan, NHM, and in Khawajafaried hospital, where poor entitled patients are treated for this reason most of the patients were uneducated which was difficulty for the collection of sample.
3. Because the Beck Hopelessness Scale was originally developed for the purpose of identifying suicidal thoughts in adults, there may be other scales that more accurately reflect the concept of hopelessness in patients.

### 9. SUGGESTIONS

1. Sample size should be increased.
2. Study should be done to have more reliable results if data should be collected from private hospitals because there are educated patients.
3. Research can be conducted to check the relationship between treatment motivation and hopelessness of many other types of patients.
4. Further Research can be conducted to check the relationship between treatment motivation and Hopelessness of homeopathic and idiopathic patients.

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