

CHAPTER 3

METHODOLOGY

Introduction

This chapter discusses about research design, researcher primary instrument, location of study, subject of study, research procedure, data analysis, reliability and validity and lastly conclusion.

3.1 Research Design

The purpose of this study was to determine the relationship between motivation and readiness toward self-efficacy during rehabilitation programme. The result will enhance understanding about the role of motivation and readiness toward self-efficacy during treatment. This study would benefit from a quantitative survey research strategy. According to John and David (2018), survey design assists researchers in answering three types of questions throughout time: descriptive, variable relationship, and variable predictive correlation questions. Furthermore, due to time restrictions, quantitative designs have shorter data gathering turnaround times than qualitative designs. Quantitative because the emphasis was on planning and developing the use of measures, scales, and statistical methods for gathering and assessing numerical data for classification purposes in terms of objectivity, validity, and consistency. It was essential to perform research.

Cross sectional survey approach will be used during collected data. According to Fennessey (2016), the cross-sectional design entails gathering data on one type of sample from the population that is analysed once depending on the respondents' existing features. Cross-sectional surveys are a snapshot that provides a picture of what the

researcher wishes to explore. When testing a hypothesis that includes an independent variable that cannot be altered for ethical reasons, cross-sectional or longitudinal surveys may be the only option (Meninger, 2012).

Data collected were analysed using descriptive analyses and also correlational analysis. Frequency, mean, mode, median, percentage, and standard deviation were employed in descriptive analysis to describe the variables evaluated as well as the respondent profile. Meanwhile, correlation analysis will seek the relationship between two variables, in this context motivation and readiness to change (Meninger, 2012).

To avoid misunderstanding during answering questionnaire, researcher conducted individual interview. Each subject were free to ask the questions if they cannot understand the question given to them.

3.2 Instrument

3.2.1 Circumstances, Motivation and Readiness (CMR) scale

The CMR measure was the primary independent variable in the study. This information was assessed using an 18-item CMR scale (de Leon, 1993). The CMR scale consist of 3 subscale measured circumstances (6 - items), motivation (5-items), and readiness (7-items) respectively. Participants were asked to respond on a 5-point scale ranging from “strongly disagree” to “strongly agree.” The mean of these items determined participants' external circumstances (e.g., “I believe that my family/relationship will try to make me leave treatment” and “I am worried that I will have serious money problems if I stay in treatment”), internal motivation (e.g., “Basically, I feel that my drug use is a very serious problem in my life” and “It is more

important to me than anything else that I stop using drugs”), and readiness to treatment (e.g., “I came to this program because I really feel that I'm ready to deal with myself in treatment” and “I'll do whatever I have to do to get my life straightened out”).

(C Scale). This area refers to the external situations or motives that motivate individuals to seek treatment. Losses, relating to actual happenings, and worries, referring to the likelihood of a future unfavourable event, are among these causes. These occurrences include the removal of social supports, such as family, employment, children, etc., and more personal threats, such as imprisonment, violence, and health concerns, among others. Examples are, "My family would not allow me to live at home" and "Without a doubt, I would go to jail."

Motivation (M Scale). This domain speaks to a person's inner motivations for transformation. These may be favourable or negative factors. Positive motivations include self-affirming aspirations, such as a desire for a new lifestyle, possessing the nice things in life, personal development, and improved interpersonal relationships. Positive things include, "I feel I must abstain from all drugs in order to achieve my goals in life" and "I am confident that I would have sought therapy even if my family had not pushed me to do so." Negative factors include unfavourable self-evaluations stemming from emotions of shame and self-hatred associated with drug dependence and drug-related lifestyle. Examples are, "My drug use is a really serious problem" and "I frequently dislike myself as a result of my drug use."

Readiness (R Scale). This domain refers to the individual's perceived need for therapy as opposed to other self-change possibilities, such as self-reliance (willpower)

and the utilisation of external supports (religion, friends, moving in with relatives, and relocating). Examples of Readiness elements are "I don't see any other option for assistance at this moment other than therapy" "I came to this programme because I believe I am ready to deal with myself in treatment," and "I don't believe I can stop using drugs with the support of my family, friends, or religion." I am in desperate need of treatment."

3.2.2 Drug Avoidance Self-Efficacy Scale (DASES)

The DASES comprised of 16 components that dealt specifically with avoiding drug usage. The 16-item drug avoidance self-efficacy scale was incorporated within a wider self-efficacy questionnaire that included assessed social, vocational, recreational, and financial skills. Each of these dimensions represented a clinical component of the cognitive-behavioral, residential treatment programme for young polysubstance abusers for which the scale was designed. The DASES components were derived from clinical data acquired from residential programme clients. In order to complete a functional analysis of their drug use (Miller & Mastria, 1977), clients were required to explain in detail the circumstances surrounding their most recent drug use event. Negative emotional states, boredom, social anxiety, celebration, unpleasant bodily states, interpersonal conflict, interpersonal influence, negative thoughts, and the quick availability of drugs were identified as nine risk circumstances. Two of the writers (DAW and CXP) built the DASES items to illustrate the extent and breadth of these themes. In keeping with Bandura's (1977) definition of self-efficacy, clients were asked to rate their confidence in their capacity to refrain from drug use on a seven-point scale ranging from 1 (definitely not) to 7 (absolutely yes) (certainly yes). The initial version

of the scale was administered to 50 clients, and items were preserved if the response distribution spanned the whole range of the scale.

3.3 Location of study

The study was conducted at Jelebu Drugs Rehabilitation Institution (JDRI) under the Malaysian Prison Department. The former name of DRI is Jelebu Drug Detention centre. It was developed in 1982, using prison officers and prisoners as labour, with the support of the Public Works Department as the primary agency. The main objective of building this prison is to segregate drug offenders from other criminal offenders, where they receive rehabilitation training through programs associated with the drug treatment module in line with present conditions. Now, JDRI had established as a therapeutic community (TC) treatment regiment, conducting on the job training for officers and inmates based on the TC module. All staff in JDRI are compulsory to attend TC module training in advance in order to equip them with TC module knowledge and competency.

JDRI is the most suitable location for this research because most inmates were incarcerated for drug-related cases. Most of them used drugs and had relapsed several times in their life. Besides that, the inmates in JDRI mostly originated from Negeri Sembilan, thus, it may represent the current addictive behaviour in this state, and the study mainly focuses on addicts in Negeri Sembilan. JDRI conducted the TC module in their rehabilitation programme, enabling inmates to learn and relearn about themselves and build high resilience. TC programme is a group setting designed to aid in rehabilitating and reintegrating drug abuse patients into a society free from the influence of drugs. The TC approach is an effective non-pharmacological alternative for treating

drug dependence because it can assist recovering addicts in maintaining their sobriety and improving the overall quality of their lives (Salleh & M, 2015). These factors made JDRI the most ideal location to conduct this study.

3.4 Subjects of the study

The subjects in this study were randomly selected respondents who had been in phase 2 in Human Development Prison (HDP) module. Thus, each of inmates must at least already be incarceration programme for at least 3 months. After 3 month, inmates should already fully abstain and free from chemical influence, having reasonable insight to answer the survey genuinely so trustworthy can be increase. Usually, inmates in this stage already have strong bonding with their peers, have knowledge about coping skills and have persistent character values. To date, there are about 296 inmates in phases 2 at JDRI.

During the second phase (6 to 12 months duration), residents earned positions of increased responsibility through program involvement and hard emotional work. Education, encounter groups, and counseling sessions focused on self-discipline, self-worth, self-awareness, respect for authority, and acceptance of guidance for problem areas. This phase was crucial since it contribute much in reconstruct not only behavior but also cognitive and emotion. So. It is important to measure motivation and readiness before keeping up with rehabilitation programed.

3.5 Research procedures

The instrument used in this study was valid and reliable based on the previous studies. Prior conducting the study, the researcher asked permission and authorisation from the instruments' author to use their instruments. The permission of use was sent via email. After getting the approval, a back translation was conducted since the original instruments are in English version. In the process of back-translation, a research instrument is translated from its target language version into its original language version so that the accuracy of the translation may be verified (Maneesriwongul & Dixon, 2004). After being translated by the researcher, the supervisor in this study verified the translation to avoid misunderstanding which may compromise the results.

An application to the prison department specifically the policy division was sent via email to get approval to conduct the study in one of their facility. Since the location of this study is under the restricted area act, permission to carry on the study is needed. This is to maintain the integrity of the department besides preventing leakage of information.

The respondents were chosen through simple random sampling technique, which means that only inmates who met the established respondent selection criteria were chosen to participate. Purposive sampling is used to better match the sample to the research's goals and objectives, improving the study's rigour and the reliability of the data and results. This concept has previously been described in four ways: credibility, transferability, dependability, and conformability (Campbell et al., 2020).

Sample size determination table was used to determine the sample size, with the significance level set at $p.05$ (significance level = 95%) based on Krejcie and Morgan (1970). The researcher drew inferences or make generalisations from the sample data that can be applied to the unstudied population; consequently, the most important thing to consider is that the sample selected from the population must be representative (Maleske, 1995). According to the sample size determination table, 201 inmates are needed as respondents. To reduce errors and strengthen the study, the researcher increased the study sample size to 210 people. According to Mohamad Najib (1999), increasing the sample size can improve the validity and reliability of a study's score.

Figure 3

Sample size determination table by Krejcie and Morgan (1970)

<i>N</i>	<i>S</i>	<i>N</i>	<i>S</i>	<i>N</i>	<i>S</i>
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	100000	384

Note.—*N* is population size. *S* is sample size.

Source: Krejcie & Morgan, 1970

Each of the selected respondents will be given an informed concern form in order to maintain confidentiality. This will encourage respondents to answer the given instrument genuinely hence will increase the accuracy of data taken. Respondents also are free to withdraw at any time if they decide not to proceed with the survey.

3.6 Data Analysis

The study data was analyzed using the "Statistical Package for the Social Science for Windows" (SPSS for Windows). A descriptive analysis is a statistic that is used to describe the properties of variables (Chua, 2012). The independent and dependent variables of the study were described using descriptive statistics such as frequency, mean, mode, median, percentage, and standard deviation. Other than that, the Pearson correlation coefficient (r) will be administer to find the relationship between both variables.

3.7 Reliability

According to Ali et al. (2017), the CMR scale demonstrated good internal consistency in the current study ($= 0.83$) during the course of their investigation into the effect of circumstances, motivation, and readiness (CMR) with distress tolerance to predict substance abuse treatment retention in a sample of urban African American treatment-seeking substance users. In this sample, the correlation between the 18-item and 42-item measures was 0.92, with individual scale correlations ranging from 0.61 for Circumstances to 0.96 for Readiness. Normed Fit Index (NFI) = 5.86, Nonnormed Fit Index (NNFI) = 5.89, Comparative Fit Index (CFI) = 5.90, and Average Off-diagonal Absolute Standardized Residual (AASR) = 5.05 are sufficient goodness-of-fit indices based on the present prison sample. C1 loadings range from.33 to.75, C2 loadings range from.46 to.55, M loadings range from.51 to.75, and R loadings range from.45 to.78. Cronbach alpha reliability ranges from 0.60 for to 0.85 for the Total score (De Leon et al., 2000).

DASES produced a sum total Cronbach's alpha was .9140, and it would not have been feasible to attain a higher score by omitting any of the 16 scale factors. This gave additional proof that the dimensionless viewpoint was correct. The reliability of the Spearman-Brown and Guttman split-half techniques was also fairly high, with values of 0.9004 and 0.8999, respectively. The alpha for the two separate segments of the scale was 0.8281 and 0.8647, respectively. These findings give considerable evidence for the L6 item scale's reliability (Martin et al., 1995).

In this study, Cronbach's alpha coefficient for each variable was used to measure the internal consistency of the scales adopted in the survey. The Cronbach's alpha value of each variable is presented in **Table 1**.

Table 1:

Cronbach's alpha value of variables (N=170)

Variable	Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
Circumstances	.739	.745	6
Motivation	.754	.757	5
Readiness	.719	.739	7
CMR	.796	.794	18
DASES	.820	.825	15

According to Nunnally (1978) and DeVellis (2003), a minimum level of 0.70 for the variable's scale is considered high reliability. **Table 4.5** shows that all the 33 variables are highly reliable.

3.8 Chapter conclusion

Researcher had been use quantitative survey questionnaire and person interviewing in this study. There are two adapted scale chosen which is CRM scale and CSS scale. Purposive random sampling are chosen which means only subject in phase 3 & 4 which drug addictions cases only involve and have at least 1 month incarceration. The data was analyzed using SPSS and descriptive statistical analysis was conducted together with the Pearson correlation coefficient. The following research question was addressed along with it's statistical analyses.

No.	Research Questions	Types of analysis
1	What was the level of circumstances, motivation and readiness according to CMR scales among inmates in prison?	One Way Anova
2	What was the level of self-efficacy according to DASESS scales among inmates in prison?	One Way Anova
3	What was the relationship between CMR (motivation) and DASES (self-efficacy) among inmates in prison?	Pearson Correlation
4	What was the relationship between CMR subscales and the DASES scale among inmates at the prison?	Pearson Correlation

Source: Data Analysis