CHAPTER I
INTRODUCTION

“In times of great stress or adversity, it’s always best to keep busy, to plow your anger and your energy into something positive.”
- Lee Iacocca

The fund of human knowledge has continued and is continuing to virtually explode, technologies are multiplying the productivity of man a hundredfold. Education has been slow to meet the changing demands of the modern world, but the expanding knowledge in many fields with its modifying effect on the curriculum and the advancing technologies with their effect on the instructional process leave no choice to education but to review its practices and to make the major changes necessary for today’s world. These are the inescapable facts of modern life. The direction of the progress of ideas, resembling life itself, generally goes from the simple to the complex. As concepts are developed and elaborated they become more sophisticated (Heidgerken, 2000).

Regardless of which college a student chooses, higher education requires a major investment of time, energy and money. By taking advantage of a variety of available resources, most students can bring the education that is right for them with reach (Betterton, 2004).

Health education has complex philosophical and technological bases and identifiable skills and competencies that are needed for its successful implementation. Students in this field are thus provided with a challenging but clearly marked pathway to professional competence (Greene and Simons, 1984).

The World Health Organization (1947) has defined the concept of health as a “state of complete physical, mental and social well-being and not merely absence of diseases and infirmity”

At present, the health sector is an important leading component of the economic base of the Mangalore City. In fact it is an export output of Mangalore City into the rest
of coastal, Karnataka as well as the North Malabar area of the KERALA State. On the level of 1971 Census there were 15 hospitals in Mangalore City of which 6 were owned by the State Government and City Municipal Corporation whereas the remaining 9 hospitals which include nursing homes also were privately owned. There were 38 private nursing homes and hospitals have come up during 1971-1996. Growth of nearly 20 paramedical colleges, comprising of 12 nursing colleges dealing in various types of medical and nursing education and pharmacy, increasing pressure on the government hospitals, increasing real income and in few of patients from neighbouring districts from within Karnataka and North Malabar of Kerala have immensely contributed to the emergence and growth of private nursing homes and hospitals in Mangalore City (Heggade, 2000).

Nursing is one among the Health Education Programmes. All of the social and economic forces, the scientific and the technologic advances have influenced and continue to influence nursing as they have all spheres of human activity. The changing emphasis in medical practice and health care by others to self-care; increased use of complicated apparatus and many new drugs; the introduction of workers with such varied preparation and skills into the nursing scene; the diversity and the number of types of nursing educational programmes; the movement from apprenticeship type programmes in hospitals to educational institutions - all of these point up the urgent need for strong leadership in nursing (Heidgerken, 2000).

Descriptions of nursing have been written since Florence Nightingale guided nursing from “an ill-defined craft of social disrepute to the status of an occupation.” (Fuerst and Wolff, 1946). Nightingale (1946) defined nursing as ‘What it is and what it is not’.

Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management and education are also key nursing roles (International Council of Nurses, 2007).
The occupation of nursing is becoming increasingly complex, as it advances towards professional maturity, resulting in considerable confusion in the role functions of nurses. School of nursing achieves its mission in 4 ways:

- The kind of administrators
- Teachers and learners interaction
- What it teaches, how it teaches
- In being the kind of institution

Hence, the following four dimensions can be identified in the educative process:

- **THE SUBSTANTIVE DIMENSION** (the curriculum): “what is taught and what is learned.” Concerned with knowledge, values, skills that will prepare the student to assume the role responsibilities and the functions in nursing at the level for which she is being prepared.

- **THE PROCEDURAL DIMENSION**: The “way” in which the teacher helps the student(s) to learn. Therefore, it includes the learner, groups of learners (the class) and the teacher.

- **THE ENVIRONMENTAL DIMENSION**: The physical and the social factors in the teaching-learning situation constitute the environmental dimension.

- **THE HUMAN RELATIONS DIMENSION**: The learner, the teacher, the administrator, the group of learners, the patient, the nursing service personnel and the allied health personnel and their interaction with each other and play some role(s) in the education of the nursing student (Heidgerken, 2000).

The student nurse during her educational process has to follow the nursing process, which is a method of planning, organising and delivering nursing care (Jacob, 1996).

The five steps in the nursing process are

- **Assessment**: It is to gather, verify, differentiate and impart data about the patient to establish a data base

- **Nursing diagnosis**: It is identifying actual and potential health problems of the patient
➢ **Planning:** Establishing the patient’s goals, assess the needs on priority basis; develop the projected outcome of nursing care and writing a nursing care plan

➢ **Implementation:** It is to carry out the nursing care plan developed in the planning component

➢ **Evaluation:** It is a process that determines the effectiveness of the nursing care plan. It determines the extent to which the goal of care has been met

The problems and the needs of the nursing student are similar to those of all late adolescents but with added problems and needs arising out of the environment of the school of nursing and the clinical situation, the student brings with her to the school her own inner life, her feelings and her difficulties. She retains her relationship with her family and her friends and reacts to the problems of these groups. She does not shed these inner needs and conflicts when she dons the uniform; she carries them with her into the classroom, the hospital ward and the dormitory. Not only does she carry them with her but she adds new needs and problems when she enters the school of nursing. She is confronted with unfamiliar social phenomena in her life in the dormitory, the nursing school and the hospital and other settings, health agencies, etc., where she has educational experiences and in her relationships with her fellow students, patients, nurses, doctors and others.

In addition to contending with nursing students exams, grades, long hours of studying, work, family and other personal commitments, students also are faced with the challenges of clinical practice. Clinical practice has been identified as one of the most anxiety producing components in nursing programmes. Lack of experience, fear of making mistakes, difficult patients, discomfort at being evaluated by faculty members, worrying about giving patients the wrong information or medication and concern about possibly harming a patient are just a few of the stressors for the beginning student nurse (Sharif and Masoumi, 2005).

Incorporating practices that can reduce some of the stress associated with all of these challenges is important, useful and essential to one’s well-being. Stress management and self-care practices will help navigate through nursing school and will also provide a wonderful foundation for creating a balanced and wholesome life.
DEFINITION OF STRESS

The word stress is derived from the Latin word ‘stringi’, which means, ‘to be drawn tight.’ In medical term stress is described as ‘a physical or psychological stimulus that can produce mental tension or physiological reactions that may lead to illnesses. When an individual is under stress, his adrenal gland releases corticosteroids, which are converted to cortisol in the blood stream. Cortisol has an immune suppressive effect in the body. Stress is a common problem that affects almost all at some point in one’s lives. Learning to identify, when one is under stress, what is stressing him and different ways of coping with stress can greatly improve both mental and physical well-being.

Stress is the body's reaction to a change that requires a physical, mental or emotional adjustment or response. Stress can come from any situation or thought that makes an individual feel frustrated, angry, nervous, or anxious. Stress is caused by an existing stress-causing factor or "stressor.” Dealing with a serious illness or caring for someone with a great deal of stress (Morrow, 2011).

Stress is a negative emotional experience accompanied by predictable biochemical, physiological, cognitive and behavioural changes that are directed either towards alerting the stressful event or accommodating to its effects (Baum, 1990). Stress is the consequence of a person’s appraisal processes, the assessment of whether personal resources are sufficient to meet the demands of the environment. Stress, then, is determined by person, environment, relationship (Lazarus and Folkman, 1984).

Stress is our body’s natural response to a situation that is perceived as hazardous or dangerous. It affects everyone and is a response by the nervous system. Like most mammals it is an evolutionary and survival response that has served to prevent and protect us from danger. For example, if a person is facing a confrontation with another person, the hormone known as Adrenocorticotropic (ACTH) is secreted and enters the bloodstream. This has the effect of giving a boost of energy and triggers the flight or fight mechanism. It has been dubbed the 'fight or flight' response for obvious reasons but research into the way women deal with stress has noticed that their behaviour is more akin to 'tend or befriend', which might explain why women deal with modern stresses better than men (Hardy, 2009).
Selye (1956) viewed ‘stress is not necessarily something bad – it all depends on how one takes it. The stress of exhilarating, creative successful work is beneficial, while that of failure, humiliation or infection is detrimental.’ Selye believed that the biochemical effects of stress would be experienced irrespective of whether the situation was positive or negative.

According to Lazarus (1993) ‘Stress is a condition or feeling experienced when a person perceives that demands exceed the personal and social resources the individual is able to mobilize.’ In short, it is what one feels when he thinks he has lost control of events.

Stress is a psychological condition occurring when individuals feel unable to cope with the demands being made on them. They also believe that their failure will have important consequences. This condition is sometimes called distress, to distinguish it from the positive or pleasant aspects of stressful situations (eustress). Stress is usually associated with feeling a lack of control and involvement in the decisions which affect life and work.

Although it may not be possible to change, the effects of stress can be relieved by exercise and a healthy diet. Regular aerobic exercise, consisting of a daily 40-minute brisk walk, can reduce anxiety. In stressful situations, those who exercise regularly tend to have less muscle tension and lower blood pressure than inactive people.

**NURSING STUDENTS**

Hong and Li (2008) examined the health-promoting lifestyle and its correlation with perceived health self-efficacy among nursing students during their clinical practice period. The research design was a cross-sectional descriptive study. The sample was 424 clinical nursing students who were practicing at the five tertiary affiliated teaching hospitals of medical universities in 2005. The research instruments included the health-promoting lifestyle profile, perceived health self-efficacy profile and socio-demographic characteristics of respondents. The results showed that the nursing students had relatively poor health-promoting lifestyles with the mean of total score at 67.4 with standard deviation 14.8. The nursing students performed best in the safety of working place, but worst in exercise. The mean score of overall perceived health self-efficacy was 77.3 with the standard deviation 15.5. Among the four subscales, the health
responsibility scored highest, followed by Psychological Well-being and Nutrition, the Exercise Dimension scored lowest. It was also found that there was significantly positive association between health-promoting lifestyles and perceived health self-efficacy.

Shikai et al (2007) conducted a study on the role of coping styles and self-efficacy in the development of dysphoric mood among nursing students. A set of questionnaires, including the Hospital Anxiety and Depression (HAD) Scale, the Coping Inventory for Stressful Situations (CISS) and the Self Efficacy Scale (SES) was distributed to 146 nursing students. Structural equation modelling was conducted to specify the relationships between measured variables. Coping styles and self-efficacy have been recognized as important determinants of dysphoric mood. The objectives of this study were to determine the influence of these two factors on depression and anxiety in Japanese Students. The HAD depression and anxiety scores were predicted by emotion-oriented coping. The HAD depression alone was predicted by avoidance-oriented coping. Self-efficacy scores predicted the emotion-oriented coping and HAD depression scores. Students' dysphoric moods were influenced by emotional-oriented coping that mediated the effects of low self-efficacy and self-efficacy also had a direct effect on depression.

Fisher and Horsfall (2007) conducted a study on the consequences of fear and anxiety on student learning in clinical settings. Data were gathered from 130 students undertaking clinical experience in mental health settings. Two hundred and sixty critical incident reports were read and their content analyzed within three broad categories such as, description of incident, affect produced and effect on student learning. Immediate emotional and cognitive responses and perceived levels of fear and anxiety triggered in the students by the critical incident were reported. The impact of these emotions and cognitions was ascertained through small group debriefing and reflection exercises with the students. Student identified clinical incidents and their emotional corollary, particularly the emotions of fear and anxiety, provide the focus of the study. The findings from the study demonstrated that need for educators to integrate into the clinical curriculum learning activities aimed at assisting students manage fear and anxiety.

Transition to Mental Health Nursing through Specialist Graduate Nurse Programme in Mental Health study was conducted by Hayman-White, Happell, Charleston and
Ryan (2007). An adequate orientation to clinical areas and ongoing support throughout the transition process were identified as significant determinants of new graduates' satisfaction with the initial post-qualification period. However, the study suggested that the inadequacy of psychiatric/mental health nursing content in undergraduate nursing courses creates additional difficulties within this specialty area of practice. Moreover, the research emphasizes the need for further research to evaluate the effectiveness of GNPs for nursing in general and for psychiatric/mental health nursing in particular.

Kanji, White and Ernst (2006) determined the effectiveness of autogenic training in reducing anxiety in nursing students in randomized and controlled trial. A controlled trial with 50 nursing students found that the number of certified days of sick was reduced by autogenic training compared with no treatment and a second trial with only 18 students reported greater improvement in Trait Anxiety, but not State Anxiety, compared with untreated controls. Nursing is stressful and nursing students also have the additional pressures and uncertainties shared with all academic students. Meta-analysis found large effect sizes for autogenic trainings intervention comparisons, medium effect sizes against control groups and no effects when compared with other psychological therapies.

**STRESS IN NURSING STUDENTS**

Gibbons, Dempster and Moutray (2009) did a study to test the proposed factor structure of the Index of Sources of Stress in Nursing Students (ISSN). Assessment using exploratory factor analysis suggested a three-factor structure, the factors being labeled: learning and teaching; placement-related and course organization. A convenience sample of final year nursing students (n = 176) was surveyed in one university in Northern Ireland in 2007. The Index of Sources of Stress in Nursing Students, which measures sources of stress likely to contribute to distress and eustress, was completed electronically. The LISREL programme was used to carry out the confirmatory factor analysis and test the factor structure suggested in the exploratory analysis. Findings showed that the proposed factor structure for the items measuring 'Uplifts' proved to be a good fit to the data and the proposed factor structure for the items measuring 'Hassles' showed adequate fit. The study concluded that in nursing programmes adopting the academic model and combining university-based learning with placement experience, this instrument can be used to help identify the sources of stress or course demands that students rate as distressing and those that help them to achieve.
An exploration of satisfaction, psychological stress and readiness for interprofessional learning in medical, nursing, allied health and social work students in an interprofessional health care course was conducted by Haskins (2009) on Medical errors are a prominent problem in health care systems in many countries, including the U.S. One source of medical errors is communication and collaboration between health care team members. This survey research explored medical, nursing, occupational therapy, physical therapy and social work students' achievement of knowledge, psychological stress and satisfaction in an interprofessional health care course. Ninety-six student enrolled in medical, nursing, occupational therapy, physical therapy and social work academic programmes were surveyed following their completion of a 6-week, problem-based learning, interprofessional health care course. Students, overall, acknowledged improved achievement of interprofessional health care knowledge after completion of the course and were satisfied with the course. Results found differences between disciplines in the area of achievement of knowledge, psychological stress and course satisfaction. Notably, medical students were found to benefit the least from the course in terms of achievement of knowledge and also reported the lowest satisfaction scores when compared with other disciplines.

Nerdrum, Rustoen and Ronnestad (2009) conducted a longitudinal and predictive study on psychological distress among 232 Norwegian undergraduate nursing, physiotherapy and occupational therapy students. Psychological distress was assessed by applying the 12-item version of the General Health Questionnaire. Nursing students became substantially more distressed during the three years of their programme compared to physiotherapy and occupational therapy students. Multivariate analyses showed that the students' level of psychological distress at the beginning of the study was the most important predictor of psychological distress at the end of the study. Other significant predictors were qualities of the individual student's personal life, clarity in educational structure, subjective experience of study workload and level of support in student milieu.

A study of association between stress, self-esteem and childhood acceptance in nursing and pharmacy students was conducted by Mimura, Murrells and Griffiths (2009). The sample selected were 131 from nursing studies and 91 from pharmacy studies at a university in London and 344 from nursing and 976 from pharmacy in
Tokyo. Levels of stress were measured with Perceived Stress Scale, Self-esteem with Rosenberg Self-esteem Scale and childhood acceptance with Parental Nurturance Scale. The data was analysed in terms of levels of causal path between stress, self-esteem and childhood acceptance. The results suggested that those entering the health care profession, such as nursing and pharmacy, have some additional vulnerability to stress compared with the general population.

Freeburn and Sinclair (2009) did a research on mental health nursing students in Ireland. The purpose of the study was to know the impact of personal life stressors. The sample chosen was purposive and involved in-depth interviews with six students. The study was focused on the following themes such as event, meaning, effects and ability to move beyond the stress, its influence on life, constraints and demands. Results revealed that the stress experience does impact students' internal and external worlds, potentially lessening functioning and inhibiting growth and development.

Jensen (2009) did research on Perceived work stress and distress in nursing students during clinical training. The purpose of this study was to examine demographic variables (i.e., grade in school, ethnicity, gender and marital status) life stressors, work stress, coping processes and social support in nursing students during clinical training and these variables' relationship to distress outcomes. The results of this study suggested that student nurses experience a significant amount of stress and distress. Nursing students who express and process emotions and who perceive more social support display less distress. Study suggested possible benefits of providing psycho education to nursing students and practicing nurses with regard to utilizing emotional approach coping and social support.

Wilson-Soga (2009) did a research on, ‘Personality traits, self-efficacy of job performance and susceptibility to stress as predictors of academic performance of nurse education programmes’. The sample selected were 197 nursing students attending 2-year nurse education programmes at 3 community colleges in the northeastern United States. This study comprises the Five Factor Model (FFM) of personality traits, self-efficacy and stress theories, sought to determine whether self-assessments of the NEO-Five Factor Inventory, the Nursing Practice Self-efficacy Survey and the Susceptibility Under Stress Survey would predict academic performance, as measured by Grade Point
Average (GPA). The correlational, quantitative study examined the relationship among the personality traits of the FFM, self-efficacy of job performance, stress susceptibility and the GPAs of nursing students. Multiple Regression analysis was used to examine the strength of the relationship among the variables. Self-efficacy and conscientiousness were significant predictors of GPA. Results revealed that nurse education programmes were a rigorous field of study with high attrition rates, the implications for social change includes the addition of specific types of support for nursing students to facilitate their progress and success in a competitive degree programme that will benefit them and address the nursing shortage, which ultimately benefits hospitals and patients.

Watson et al (2009) investigated how differences in life events and stress contribute to psychological distress in nurses and nursing students. Stress is an issue for nursing students and qualified nurses leading to psychological distress and attrition. A longitudinal study using four time waves was conducted between 1994-1997 on 359 participants (147 nurses and 212 nursing students). The study was set in Scotland, UK and used newly qualified nurses and nursing students from four university departments of nursing over four years. Stress, life events and psychological distress in addition to a range of demographic data were assessed. The data was analysed using descriptive statistics, linear modelling and mixed-effects modelling. The study initiated that their foreign born status added to their levels of stress and while faculty recognized their foreign born status, no special accommodations had been made on their behalf.

A study of stress and burnout in nursing students in Hong Kong was done by Watson, Dearly, Thompson and Li (2008). Stress in nursing students may be related to attrition from nursing programmes and lead to a shortage of nurses entering clinical careers. Students were selected on the basis of entry to their nursing programme in 2004 from a university school of nursing in Hong Kong. The study consisted of 158 students entered and 147 completed; 37 were males and 121 were females. The mean age of the cohort at entry was 19.1 (S.D. 0.85); age ranged from 18 to 26. Assessment was done using the questionnaires involving the NEO Five Factor Inventory, Coping in Stressful Situations Questionnaire, the 12-item General Health Questionnaire, Maslach Burnout Inventory and Stress in Nursing Students questionnaire. Results showed that students
suffered greater levels of psychological morbidity and burnout at the second time wave and this was largely explained by the personality trait of neuroticism.

Musso et al (2008) conducted a Quantitative, Correlation Cross-sectional study with descriptive analysis, whose objective was to assess the factors derived from the intra-hospitable laboratories that affect the stress appearance in Infirmary students. The sample consisted of 129 students, which voluntarily acceded to answer questionnaires. Assessment was done using Evaluative Scale de Hamilton for the Anxiety, validated in 2003 and Questionnaire KEZKAK. The obtained data showed 100% of the students had stress. From the manifestations of Stress, the tensional anxiety and insomnia appeared with the biggest percentage. Results revealed that it was necessary to adapt the educational positions of a guardian in the clinical practices, to support the student in diminishing stress favouring them to learn.

Gibbons, Dempster and Moutray (2008) conducted a study to identify experiences that led to both distress and eustress and to make recommendations to help students cope with course demands. A series of focus groups were carried out with a volunteer sample of final year nursing students (n = 16) in United Kingdom (2007). The data was thematically analysed and the findings revealed that, themes identified were clinical experience, support, learning and teaching experience and course structure as the source of distress and eustress. The results indicated that the students who coped well had effective support networks and adopted a positive, optimistic perspective towards programme issues.

Montes-Berges and Augusto (2007) explored the relationship between Perceived Emotional Intelligence, Coping, Social Support and Mental Health in Nursing Students. The study examined the role of Perceived Emotional Intelligence (PEI) measured by the Trait Meta-Mood Scale, in the use of stress-coping strategies, the quantity and quality of social support among the mental health in nursing students. The results indicated positive correlations between clarity and social support, social support and repair, social support and mental health. Hierarchy regression analysis pointed out that clarity and emotional repair are predictors of social support and emotional repair is the main predictor of mental health.
Scherer, Scherer and Carvalho (2007) conducted a study based on Group Therapy with Nursing Students during the theory-practice transition. It verified whether the intervention of short term groups could provide nursing students means to cope with stress, typical of the transition process from the theoretical to the practical learning. Participant observation was used, allowing 12 students in the discipline Fundamentals II, to express their anxieties and anguish towards the new and future role of taking care of other people's health. Results suggested that higher nursing education institutions should consider the group technique not only as a support resource, but also as a didactical resource in their curricula.

Stress, sources of stress and ways of coping stress, among psychiatric nursing students was a study done by Tully (2004). Thirty five psychiatric nursing students were administered with 30-item General Health Questionnaire, the Jones and Johnston (1999) Student Nurse Stress Index, Parkes (1985) Ways of Coping Questionnaire and a demographic questionnaire. Results revealed that all students were significantly distressed, exceeding a conventional cut-off score of 5 on the 30-item General Health Questionnaire. Students were found to have limited coping skills. Preparing to become a nurse in this setting was found to be significantly and emotionally stressful and there was a possible risk on the well-being of students. This study provides a baseline to address the problem of stress among diplomat psychiatric nursing students.

A Study was conducted on Anxiety of female students in nursing school and the related factors by Liu, Su, Jing and Yi (2002). They studied the relationship between life events, coping style, personality and anxiety in nursing school students. Four hundred and six nursing school students were selected (aged 15–18years) from Guangzhou, China. They were assessed by using the Adolescents' Self Rating Life Events Scale, the Coping Style Questionnaire, the EPQ and the Self Rating Anxiety Scale (SAS). Forty subjects were retested 3 days later. Paired comparison method was used to study the differences among subjects in different academic years and between subjects with and without anxiety. The relations among the tests and the influences on anxiety were studied with multiple regression analysis. The results showed that the rate of anxiety was 18.5% and the level of anxiety of subjects in the 2nd academic year was lower than that of subjects in other academic years. The scores of negative coping, average scores of N and L subscales of EPQ, the scores of SAS and the value of life events stress were
positively correlated. The life events stress, negative and positive coping and the N and L scores were predictive of anxiety. The study concluded that in nursing school the students in the 1st and 3rd academic years are at high risk for anxiety which is associated to life events, coping style and personality.

Perceived stress and physio-psychosocial status of nursing students during their initial period of clinical practice and the effect of coping behaviours was done by Sheu, Lin, Hwang (2002). In their research they examined the degree of stress perceived and types of stressful events of nursing students during their initial period of clinical practice, the physio-psychosocial status of nursing students during the practice, the coping behaviours of these students and the effect of different coping behaviours on their physio-psychosocial health. The subjects selected were 561 nursing students (aged 17-20 years) who had completed their initial clinical practice at the largest nursing school in Taiwan. Three measurements, including Perceived Stress Scale, Physio-Psych-Social Response Scale and Coping Behaviour Inventory, were adopted. Results showed that stress for these students were due to lack of professional knowledge and skills in caring of patients.

A study was conducted by Marker (2002) on Perceptions and practice of nurse educators in recognizing and addressing student nurse stress. Three hundred and eight nurse educators, who taught in NLN Accredited Bachelor of Science in Nursing Programmes in the Midwest, were requested to complete a three-page survey concerning their perceptions and practices towards student stress. The study demonstrated that nurse educators, were aware of the level of stress among students who were pursuing undergraduate degrees in nursing. It was found that most nurse educators understood that the sources of stress were a combination of the many roles and responsibilities of students. They were aware that most students needed services/interventions to assist them in coping with stress. Finally, the study found that most nurse educators thought that stress management for nursing students was to be included in the nursing curriculum.

Oermann and Lukomski (2001) conducted a study on stressors, challenge and emotion experienced by paediatric nursing students in the clinical setting. A sample of 75 students (22–48 years old) from 12 were screened and randomly selected from
associate and baccalaureate programmes. Subjects completed a modified Pagana Clinical Stress Questionnaire at the end of their Paediatric nursing clinical course. The comparison group of 383 students was enrolled in non-paediatric clinical courses in the same programmes. Researchers found that students were moderately stressed in their Paediatric clinical experience. The degree of stress was similar to that of students in other courses in the programme. The most stressful aspect of clinical practice was fear of making a medication error, by being overwhelmed and anxious and committing a mistake that could harm a child.

DEPRESSION IN NURSING STUDENTS

Depression among 224 nursing students associated to their self-esteem, health perception and interest in mental health, was assessed by Furegato, Santos and da Silva (2008). Assessment was done using the Depression Knowledge and Points of View questionnaire, Beck’s inventory, Self-esteem Scale and information about health and quality of life. Socio demographic and clinical data were investigated along with student’s interest in mental health. The results showed that depression was present among nursing students at levels expected for the population. There was a correlation between physical health perception (bad and medium), interest and attendance to courses in the field which had a greater chance of depression among nursing students.

A study by Ross et al (2005) was to examine rates of depression and the associations between depression and stress, emotional support and self-esteem among baccalaureate nursing students in Thailand. This correlational, cross-sectional study recruited 331 baccalaureate Thai Nursing Students. Students were administered and they completed three assessments that had been translated into Thai: The Center for Epidemiology Studies Depression Scale, Perceived Stress Questionnaire and Rosenberg Self-esteem Scale. Another instrument created in Thai was used to measure emotional support. Results revealed that, when using the standard definition, 50.1% of the students were depressed. Stress was positively related to depression, whereas emotional support and self-esteem were negatively related to depression.

ANGER IN NURSING STUDENTS

Daniel, Goldston, Erkanli, Franklin and Mayfield (2009) examined how trait anger and anger expression influenced the likelihood of suicide attempts among 180
adolescents followed for up to 13.3 years after discharge from an inpatient psychiatry unit. Results showed that higher trait anger and anger expressed outwardly over the follow-up was related to increased likelihood of suicide attempts among boys. For girls, trait anger and both the inward and outward expression of anger moderated the risk for suicide attempts associated with major depression. These results were interpreted in the light of theory regarding behavioural activation and behavioural inhibition systems.

Philip, Janice, Palesch and Yuko (2003) studied the dimensions of anxiety and anger experienced by a statewide sample of South Carolina family practice residents. A total of 350 family practice residents from seven programmes had participated. The assessment was done using the Beck’s Depression Inventory, the State Trait Anxiety Inventory, the Profile of Mood States, the Hassles Scale, the Maslach Burnout Inventory and the State Trait Anger Expression Inventory (STAXI) on at least one occasion. Residents reported lower levels of anxiety and anger across most dimensions compared with the adult populations on which the tests were standardized and with other resident and practicing physician populations. A higher than normal level of depersonalization was found among male, Caucasian and third-year residents. Significant stress is associated with both medical training in general and family practice residency specifically.

The social antecedent of anger proneness in young adults was conducted by Turner, Russell, Glover and Hutto (2007). They found anger to be an important factor in occupational maladjustment, family conflict, physical and sexual assault, criminal behaviour and substance abuse. Anger has also been linked with adverse health outcomes such as hypertension, heart disease and cancer. The Data from an ethnically diverse and representative sample of 92 (50 female and 42 male) young adults in the age range of 26-29 years, revealed clear gender differences with least short-tempered anger, there was decreasing levels of anger with increasing socioeconomic status.

Moons and Mackie (2007) investigated impact of anger on thinking and decision-making. In this study, 90 (40 girls and 50 boys) college students between the age range of 17-20 were exposed to arguments attempting to persuade the unpopular viewpoints. Beforehand, some were asked to write about an experience that had made them get angry. The research found that, anger made participants more, rather than less rational and analytical in reacting to situations. The current research suggests that angry people
can process information analytically but are often influenced by more mental shortcuts. Although it is not always the case, anger-induced action is sometimes the result of quite clear-minded and deliberative processing.

Linden, Hogan and Chawla (2004) in their study on, ‘there is more to anger coping, anger-in or anger-out’, developed a new Behavioural Anger Responses Questionnaire (BARQ). The study revealed that women use a wider range of anger coping styles, especially more social support seeking and anger diffusion strategies than men.

Grossman (2004) examined the impact of the Second Step programme on aggression and positive social behaviour among elementary students. Results showed that second and third grade students, who were taught the curriculum, became less physically aggressive and increased their positive social interactions. The behaviour of the control group of children, not receiving the programme, worsened.

Scheckner and Rollin (2004) examined the potential of a computer mediated anger management programme to enhance the conflicts resolution skills of youth with aggressive behaviour problems. The study employed an 8-week anger management programme. The results suggested that the participants in the intervention group reported to have more intentions to use non-violent strategies in a future conflict than students in the control group.

The study on ‘Anger log use during school among middle school students with emotional/behavioural disorders’ by Millicent, Keli and Martin (2004), forty six students with emotional/behavioural disorders suggested that the use of anger log to record anger-provoking episodes helps to identify and manage anger provoking situations.

Meyer, Laung and Waller (2003) studied the link between anger and bulimic behaviours using STAXI and Bulimic Intervention Test inventories with 125 males and 125 females. The results revealed that men engage in bulimic behaviours to reduce their anger; whereas women use such behaviours to reduce the likelihood of getting angry.

Mueller, Grunbaum and Labarthe (2001) studied the potential influence of anger on the growth, body composition and sexual maturity of adolescents. The subjects were 82 boys and 85 girls all were of 14 years age. They were assessed using STAXI scale. The study results showed that body fat and growth was associated with unhealthy forms of anger expression in adolescents.
GENERAL WELL-BEING IN NURSING STUDENTS

Undergraduate nursing student’s attitude towards mental health nursing analysis was done by Gough and Happell (2009). The study signifies the use of cluster analysis to determine, if specific groups of students could be identified based on their attitudes towards mental health nursing following the completion of a clinical experience in a mental health setting. A survey was done on students (n = 703) immediately after completion of their clinical experience. Cluster analysis was used to identify natural groupings within the study cohort. Results revealed that three distinct clusters were identified. Cluster 1 demonstrated more positive attitudes, greater confidence and viewed mental health more positively than students in the other two Clusters.

Davison, Bell, LaChina, Holden and Davis (2009) explored the relationship between well-being and self-perceived satisfaction with sexual functioning in women and to determine if there were any independent effects of menopausal status or age. A community-based cross-sectional study was designed on a total of 421 women, aged 18 to 65 years. Women were required to self-identify as being either satisfied or dissatisfied with their sexual life be it premenopausal or postmenopausal. They were assessed using the Psychological General Well-being Index (PGWB), the Beck Depression Index (BDI) and a daily diary of sexual function. A group of 349 women were included in the analysis. Total PGWB and domain scores of positive well-being and vitality was lower in dissatisfied women compared to satisfied women. PGWB total and domain scores of depressed mood, positive well-being and vitality were higher in older women. Menopause did not have an independent effect on well-being. The results revealed that women who self-identified as having sexual dissatisfaction had lower psychological general well-being. These findings reinforced the importance of addressing sexual health and well-being in women as an essential component of their health care.

Enhancing the nurse’s capacity to facilitate learning among the nursing students an effective dissemination and uptake of the best practice guidelines conducted by Eaton, Henderson, Winch, Evangelista, Hortense and Sousa (2007). The preparation of nursing students for the real world of practice is a significant contemporary issue for health care and education institutions globally. Positive learning experiences are enabled through
positive role models and attitudes which impact on ward culture. Using the problem-solving approach of fitting evidence into practice like Read, Think, Do that describe practical activities throughout the process to assimilate evidence. And in particular, effective strategies that were taken into account were the clinical context, such as displaying posters, demonstration of problem resolution in small group sessions, role modelling and presence in the clinical area. All of these contributed to the uptake of the guidelines to improve student experiences within the clinical setting.

Jones and Johnston (2006) conducted an observational study of effect and impact of curriculum redesign and innovation on the student’s well-being and performance, including essay, examination marks and sickness absence. The sample was selected from a School of Nursing and Midwifery in the North-East of Scotland. Measures included stress and mental health outcomes and measures of performance including academic marks and sickness absence. Results showed that at the 25th week students of the innovative course had fewer academic, clinical and personal worries than students in the previous more traditional programme. And they were more likely to report using adaptive, direct, problem-solving and coping at the 50th week. While students on the innovative course reported less distress in their first year of the course, they scored less well on comparable essay assignments and had reliably greater sickness absence totals than those educated by traditional methods. Thus, curriculum innovation was associated with positive changes in student well-being but not on performance.

Monteiro and Faro (2006) conducted a study to know the perceptions of undergraduate students from the University Of São Paulo College of Nursing based on physical exercise as an instrument to maintain health and well-being. Data were collected through the application of a questionnaire in class, involving 122 undergraduate students. In this group, 52.23% believed that, physical exercise should only be recommended to people with health problems. Only 8% thought that exercise can prevent diseases and only 6.61% used protection equipment. Therefore, nursing students need to be better prepared to be able to intervene correctly as professionals.

A study conducted by Morrissette (2004) on promoting psychiatric student nurse well-being. Students are often attracted to the profession of psychiatric nursing, they are rarely prepared for the realities associated with clinical seminars and direct clinical
practice. Student nurses commonly report the resurgence of painful life events or symptoms of psychological injury when learning about or witnessing patient behaviour. The importance of student-faculty collaboration promoting and monitoring student nurse Well-being by providing descriptions and case vignettes depicting two specific forms of psychological injury and suggested practical steps that are designed to promote student nurse Well-being needs to be considered.

A study conducted by Saupe, Nietche, Cestari, Giorgi and Krahl (2004), on Quality of Life of Nursing Students. The research involved six nursing courses located in the South of Brazil. The Brief Model of World Health Organization Quality of Life was adopted for data collection and analysis. This revealed sensitivity for the intended diagnosis. The results indicated that 64% of the students mention satisfaction with their quality of life, but 36% present significant problems, which demand specific needs and justify the implantation of support programmes to face the situations of suffering.

**NEED FOR THE STUDY**

Based on the above findings of the above researches the researcher felt that there is a dearth of study in administering interventions to Nurses to get away with their stress, depression and anger and further enhancing the general wellbeing of the nurses, therefore the present study was conducted especially with positive therapy intervention.

One of the many criticisms of undergraduate nursing courses is that they do not contain sufficient clinical experience for students. It is certainly true that nursing students in tertiary programmes receive fewer and briefer clinical placements than their hospital-based contemporaries (Perry, 1988). However, Battersby and Hemmings (1991) suggested that the quantity of time spent in the clinical area may not be as significant as the quality of the experience and guidance the student receives.

Learning in the clinical setting creates challenges that are absent from the classroom, facilitators have little control of environmental conditions, students must combine the use of cognitive, psychomotor and affective skills to respond to individual client needs, client safety must be maintained whilst he or she is cared for by a student and facilitators must monitor client needs as well as student needs (Windsor, 1987).
Through understanding the nature and causes of these stressors, nursing academics and clinical facilitators can improve the quality of the clinical learning experience for undergraduates.

As the nursing students need to face exams, get grades, long hours of studying, work, family and other personal commitments, students also are faced with the challenges of clinical practice. Clinical practice has been identified as one of the most anxiety producing components in nursing programmes. Lack of experience, fear of making mistakes, difficult patients, discomfort at being evaluated by faculty members, worrying about giving patients the wrong information or medication and concern about possibly harming a patient are the major stressors for the nursing students. Thus it is imperative that a study among nurses need to be done in order to understand as to how much positive therapy could bring relief to the nursing students from the stress, depression, anger and affect the general well being.

Students should be made to feel they are an important part of the nursing team. Students appreciate recognition for their contribution to patient care and are disappointed when their work is not acknowledged (Hart and Rotem, 1994).

Patricia and Tony Long (2012) conducted a study on understanding the influences on self-confidence among first-year undergraduate nursing students in Ireland. A sequential, mixed methods three-phase design was used in the research. The test design involved pretest and posttest measurements of self-confidence, focus group interviews, a student self-evaluation questionnaire and analysis of the relevant curriculum content. Data were collected between September 2007–April 2008 and sampling was from three cohorts of students at three different Institutes of Technology in Ireland. Data collection matched the nature of the data, including descriptive, non-inferential statistics and qualitative content analysis. The results showed that, there was considerable variation in the amount and nature of theoretical preparation; factors in clinical practice exerted the most influence. Self-confidence fluctuated during the first clinical placement and as students’ self-confidence developed, simultaneously, motivation towards academic achievement increased. Conversely, self-confidence was quickly eroded by poor preceptor attitudes, lack of communication, and feeling undervalued. The development of self-confidence is complex and multi-factorial. This
study offered further understanding of facilitators and barriers that may be relevant elsewhere in promoting student nurses’ developing self-confidence. In conclusion the development of self-confidence must be recognized as a central tenet for the design and delivery of undergraduate programmes.

A study was conducted by Alvisaet al (2011-2012) to compare students' and families’ education expenditures across Europe. Nursing education costs are affected by investments in public education. Therefore, a standard measure named the Purchasing Power Standard, which has received no attention in nursing research, has been introduced. A mixed-method study incorporating qualitative and quantitative study designs was undertaken in 2011–2012. Five nursing faculties located in the Czech Republic, Greece, Italy, Slovakia and Slovenia was included in the study. A questionnaire evaluating students' expenditures was developed in five languages and validated. Six hundred and twenty-five full-time students were recruited. The results showed that a Slovakian student wishing to pursue a nursing career is required to commit an amount of money per year that corresponds to 15% of the average annual income of a Slovakian citizen. Lower percentages were required by students in Greece (10%), Italy (11%) and Slovenia (12%), while Czech students bore the lowest costs (5%). None of the countries involved was supporting nursing students through either direct or indirect financial incentives. Students in some countries were also required to buy and maintain uniforms. There is a need to develop supportive policies, especially in those countries where nursing programmes are expensive and may not be accessible to all talented and motivated students due to limited public support in education and the current economic context.

Eva, Maria, Senthil and Vaishali (2012) conducted a survey on perceived self-esteem amongst first-year nursing students. Self-esteem is an important quality and a personality trait or an attribute that is considered as a specific requirement for Healthcare professionals (HCP) during their encounters with patients/caregivers, healthcare team members and hospital management. A cross-sectional study was performed on 44 nursing students (5 male, 39 female) from two educational institutions who were recruited on convenient sampling. The survey instrument used in this study was
Rosenberg’s self-esteem scale (RSES) which was a 10-item self-report (4-point Likert) measure of global self-esteem. The factor-1 score of sum of five positive statements were termed as self-enhancement and the factor-2 score of five negative statements as self-derogation. Descriptive analysis was done using frequencies for each of the items and item-responses of the RSES and study participants’ demographic variables. Results revealed that overall RSES total score was 14.25 ± 2.12 indicating that self-esteem levels were low. 23 (52.3%) students had low self-esteem and 21 (47.7%) students reported normal self-esteem. Overall factor-1 score was 8.56 ± 1.35 (57.12 ± 9.02%) and factor-2 score was 5.68 ± 1.34 (37.88 ± 8.95%). Students from institute-1 and female gender had significantly (p<.05) higher scores of factor-2. Other comparisons of age and religion were not significant (p>.05). Overall levels of self-esteem were low in the study sample of nursing students. Institution and gender played an important role for self-derogation scores but not the age or religion.

Maria et al (2012) designed a study to examine and reduce AIDS stigma among nurses and nursing students in India. AIDS stigma inflicts hardship and suffering on People-Living-with-HIV (PLHIV), reducing the likelihood of HIV testing, treatment and disclosure. Stigma can be particularly harmful in health care settings. They interviewed 369 nurses in Mumbai and Bangalore, assessing stigma, endorsement of coercive measures and discrimination toward PLHIV. Based on these results, they developed, implemented and evaluated a 2-session stigma reduction intervention, co-facilitated by PLHIV, for 50 intervention and 50 control nursing students. The results showed that casual transmission misconceptions were common, with 28% of nurses believing HIV could be transmitted by sharing a glass and 26% HIV by sharing toilets with PLHIV. 70% agreed that people who were infected via sex/drugs deserved their infections. Almost all (96-99%) endorsed mandatory testing for sex workers and surgery patients and most stated that HIV-infected men (77%) and women (73%) should not be allowed to get married and that HIV-infected women should not be allowed to have children (76%). 88% said they would treat PLHIV differently from other patients, taking unnecessary precautions when drawing blood, significantly more participants worried about acquiring HIV at work (41%) than in their personal lives (14%, p< 0.001). Multiple regression analyses showed that worries about occupational transmission, negative feelings toward PLHA and transmission misconceptions were significantly
associated with AIDS stigma. Nursing students showed similar misconceptions and stigma levels as the nurses. Following the intervention, students showed significant pre-post decrease in all stigma scores, including blame, endorsement of coercive measures, and intent to discriminate (all p< 0.01). In contrast, pre-post scores among control students remained the same. These findings demonstrate high levels of AIDS stigma in these health-care settings that may be reduced by a brief intervention using a human rights framework, focusing on underlying variables and involving PLHIV.

Effect of structured teaching programme on the knowledge and opinion of nursing students towards prevention of mental retardation a study conducted by Kalyani (2013), Mental retardation is a condition of arrested or incomplete development of mind which is characterized by impairment of skills manifested during the developmental period that contribute to the level of intelligence that is cognitive, language, motor and social abilities (WHO). A quasi experimental study was conducted at College of Nursing, NIMHANS, Bangalore with the objective to assess the effectiveness of structured teaching programme on the level of knowledge & opinion of nursing students towards primary prevention of mental retardation. The 44, 3rd year BSc nursing students were selected by purposive sampling design. Self-administered knowledge questionnaire and opinion scale were used as tools. The knowledge questionnaire consisted of four domains: concept, prenatal, intranatal, postnatal causes and prevention of mental retardation. Opinion scale was prepared as statement. The scale was divided into two domains positive and negatively worded. The interpretation was: higher the score, higher the positive opinion. The score ranging from 30-75 were negative, 76-90 neutral and 91-150 as positive opinion. This study revealed that knowledge score of the subjects were significantly increased at p-value 0.001. Opinion score, analysed using McNamer's chi-square test, indicated that a significant change occurred after structured teaching programme. It was concluded that structured teaching programme seems to be highly effective in improving knowledge and opinion towards primary prevention of mental disorders.

Perception and plans about profession among budding nurses: a descriptive survey was conducted by Anurag, Jasbir and Suresh (2012). It was found that significant advance in nursing and recognition of profession as crucial in health upkeep,
notwithstanding, many nurses after completing their studies as they do not hold their profession in high esteem. As a result, the quality of services rendered by them is not likely to be as good as their counterparts with high regard for their profession. This study, conducted on 530 undergraduate and diploma nursing students of 12 selected colleges and schools of Punjab. Semi-structured questionnaire was administered to collect data. It was found that majority of students perceived their profession as respectful. However, more of diploma students did not hold such opinion. Further, less than half the students favoured bed side nursing as their career. It is concluded that quality of the nurses' environment should be improved for change in nurses' perception towards their profession and for better utilisation of their potential.

Radhika et al (2012) conducted a study on perception of staff nurses regarding quality audit process in hospitals of Mangalore District, Karnataka. Nursing audit is helpful in ascertaining the extent to which the organisation complies with the relevant quality norms and can involve in procedural or assessment criteria. Purposive sampling technique was used in this study which involved 255 staff nurses from two hospitals of Karnataka. The study tools included demographic proforma and audit scale (arbitrarily classified as unfavourable and favourable perception) to evaluate the impact of hospital and community-based clinical audit programme. It was shown that in selected hospitals, staff nurses had positive perception about the audit process; they also reported improvement in their levels of knowledge, skill and patient care though frequent audit hindered them in discharge of their duties.

Knowledge and attitude of nursing personnel regarding patient safety and rights in hospitals of Delhi was conducted by Feba (2012). Nursing ethics apart, the increased awareness towards the treatment procedures being adopted and the standards of hygiene in the hospital setting necessitates proper knowledge and attitude of the personnel attending the patients. The study was conducted in government and private hospitals of Delhi it covered 200 samples (100 each from government and private), using Structured Knowledge Questionnaire. It was revealed that majority of nursing staff working in private hospitals had greater knowledge about patient safety and rights; they also had better patient-friendly attitude. It was also suggested that nurses should practice with relevant guidelines in mind.
Effect of stress management interventions on job stress among nurses working in critical care units study conducted by Irin and Bincy (2012) Stress in nurses affects their health and increases absenteeism, attrition rate, injury claims, infection rates and errors in treating patients. This in turn significantly increases the cost of employment in healthcare units. Proper management of stress ensures greater efficiency at work place and improved wellbeing of the employee. Therefore, a pre-experimental study was conducted among 30 Critical Care Unit nurses working in Medical College Hospital, Thiruvananthapuram, (Kerala) to assess the effect of stress management interventions such as Job Stress Awareness, Assertiveness Training, Time Management, and Progressive Muscle Relaxation on job stress. The results showed that caring for patients, general job requirements and workload were the major sources of stress for the nurses. The level of severe stress was reduced from 60 percent to 20 percent during post-test. The Stress Management Interventions were statistically effective in reducing the stress of nurses at p<0.001 level.

The study was conducted to assess computer-related health problems among post-graduate nursing students and to develop a Self Instructional Module for prevention of computer-related health problems in a selected university situated in Delhi by Shaheen and Veena (2013). A descriptive survey with co-relational design was adopted. A total of 97 samples were selected from different faculties of Jamia Hamdard by multi stage sampling with systematic random sampling technique. Among post-graduate students, majority of sample subjects had average compliance with computer-related ergonomics principles. As regards computer related health problems, majority of post graduate students had moderate computer-related health problems, Self Instructional Module developed for prevention of computer-related health problems was found to be acceptable by the post-graduate students.

Sreervani and Revathi (2012) conducted a study sought to assess the attitude of staff nurses towards psychiatric patients hospitalised in a hospital in Karnataka. The study included 15 Diploma and as many Degree level nursing students. Using convenience sampling technique, researchers concluded that graduate nurses were more articulate in asserting that hospitalised psychiatric patients were justified in seeking information about their illness and treatment or declining treatment than diploma
students. The researchers also suggested in-service education programme for nurses so as to inculcate a more positive attitude towards mentally ill patients.

Nursing education is a challenge in a developing country like India. This cross sectional study assessed the attitudes and perceptions of nursing professionals and their desired future practices. The study was conducted by Vijayalakshmi, Ramachandra, Reddemma and Suresh (2012) using a modified version of Beliefs, Attitudes and Perceived Practice questionnaire among 129 students who were undergoing undergraduate nursing programme at a selected college of nursing in Bangalore. Data was analysed and interpreted by using descriptive and inferential statistics. Forty-four (34.1%) of the subjects agreed that they were enrolled of their own interest, 43 (33.3%) of them reported that they enrolled in nursing out of their own interest and also to improve their financial situations. Only 4 (3.1%) stated that they have to protect the rights and dignity of the patients. 45 (34.9%) of the subjects indicated that the nurse-patient relationship should be both professional and a relation of sympathy. Upon graduation 69 (53.5%) of the subjects preferred to pursue the nursing career, 36 (27.9%) in academics, 12 (9.30%) wanted to change the profession. Nearly 63 (48.8%) of the subjects agreed that social prejudice has a great influence on nursing students in choosing nursing profession as their career. An urgent need was seen in the area of educating nursing students regarding patient's rights. There is also a need to improve the image of nurses in the society to attract more number of students into this noble profession. Counselling and introduction to nursing course should be introduced by all the universities, to develop positive attitudes towards nursing profession.

The present study was conducted to examine the comparative efficacy of progressive muscle relaxation and the oral intake of ginger on symptoms of dysmenorrhea among nursing students of Pune, Maharashtra by Annesa (2012). The study students (n = 75) were divided into three groups, two experimental and one control. Ginger powder 1 gm per dose was administered twice a day with warm water after meal to the second experimental group during the first three days of their menstruation. Main outcome measures were the severity of selected symptoms of dysmenorrhea. The daily symptom calendar, a 5-point Likert Scale was used to assess the severity of selected symptoms of dysmenorrhea. Main outcome measures were the severity of selected
symptoms of dysmenorrhoea, which were analysed using MANOVA. It was concluded that in treating symptoms of dysmenorrhoea, ginger powder has efficacy superior to progressive muscle relaxation.

Clinical problem solving ability of BSc and diploma nursing students in Indian setting a study conducted by Punitha (2012) Clinical Problem Solving Ability (CPSA) is an important skill essential for nurses to achieve professional excellence which is developed during the educational process. A sample of 215 students from BSc and Diploma nursing educational programmes were studied to determine their CPSA and the differences were compared. A written simulation instrument (Ezhilarasu, 2000) with a Cronbach's alpha of 0.81 was used to measure the CPSA. BSc students scored significantly higher than Diploma students \( (p = 0) \). Final year students from both the programmes scored higher than the first year students \( (p = 0.01) \). The least commonly used step in clinical problem solving is evaluation. Along with other studies, this study also supports the influence of the educational process in the development of CPSA. Appropriate teaching strategies and role modelling by faculty should become an essential part in all nursing educational institutions.

It was also found from the previous researches that Positive Therapy had been very successful in alleviating stress, depression and anger help in the enhancement of general well-being. It helped people to have a pleasing personality with positive perception. It helped to deal with problems more effectively and lead a successful life. Hence, the researcher made an attempt to pursue this study and help the Nursing Students manage their Stress, Depression, Anger and Enhancement of General Well-being through Positive Therapy.

With the dire need for the present study to be done on Nursing students, the following Objectives and Hypotheses are arrived at with the help of the literature review that had thrown light that Stress, Depression and Anger as well as General well-being was studied among various subjects such as IT professionals, Entrepreneurs etc using positive therapy. More over there were studies among Nurses that were done on any one of these variables and not with stress, depression, anger and well-being together with a positive therapy as intervention.
OBJECTIVES

- To find out relationship between Stress, Depression, Anger and General Well-being
- To identify the level of Stress in the selected Nursing Students
- To identify the level of Depression in the Nursing Students
- To identify the level of Anger in the Nursing Students
- To assess the level of General Well-being in the Nursing Students
- Positive Therapy helps the selected Nursing Students to manage Stress, Depression, Anger and enhance their General Well-being

hypotheses

The hypotheses are stated as alternate hypotheses, so that they can be either accepted or rejected based on the results.

1. There will be a relationship between Stress and Depression of the Nursing Students.
2. There will be a relationship between Stress and Anger of the Nursing Students.
3. There will be a negative relationship between Stress and General Well-being of the Nursing Students.
4. There will be a significant relationship between Depression and Anger of the Nursing Students.
5. There will be a negative relationship between Depression and General Well-being of the Nursing Students.
6. There will be a negative relationship between Anger and General Well-being of the Nursing Students.
7. The Negative Emotions of the Nursing Students will be reduced after the Positive Therapy.
8. The Negative Symptoms of the Nursing Students will be reduced after the Positive Therapy.
9. The Stress level among the Nursing Students will be reduced significantly due to Positive Therapy.

10. The Depression level among the Nursing Students will be reduced significantly due to Positive Therapy.

11. The Anger level among the Nursing Students will be reduced significantly due to Positive Therapy.

12. The General Well-being level among the Nursing Students will be increased significantly due to Positive Therapy.

13. There is a significant difference between Before, After and Follow-up periods of Positive Therapy in the level of Stress experienced by the Nursing Students.

14. There is a significant difference between Before, After and Follow-up periods of Positive Therapy in the level of Depression experienced by the Nursing Students.

15. There is a significant difference between Before, After and Follow-up periods of Positive Therapy in the level of Anger experienced by the Nursing Students.

16. There is a significant difference in the General Well-being between Before, After and Follow-up periods of Positive Therapy among the Nursing Students.

17. There is significant difference between the Stress, Depression, Anger and General Well-being of the entire sample Before, After and Follow-up.