CHAPTER III

METHOD

The Research design used in this study was ‘Before, After, and Follow-Up Design without Control Group’. The present study on “Management of Stress, Depression, Anger and Enhancement of General Well-being in Nursing Students through Positive Therapy” involves the following steps:

- Objectives
- Hypotheses
- Area
- Sample
- Tools
- Procedure
- Intervention
- Reassessment
- Analysis of Data

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.
Montes-Berges and Augusto (2007) explored the relationship between stress and Coping, Social Support and Mental Health in Nursing Students and found a positive correlations between clarity and social support, social support and repair, social support and negative correlation with stress as well as a positive correlation with depression. Hence it was Hypothesized that:

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.

Sivasakthi and Preetha (2010) conducted a study on, ‘Management of Stress and Enhancement of Emotional Intelligence in IT Professionals through Positive Therapy’. Forty five IT Professionals, Coimbatore, were screened using Case Study Schedule for negative emotions and negative symptoms (Hemalatha, 2009), Stress Inventory (S.I), (Hemalatha and Nandini, Revised 2005) and Emotional Intelligence Test (Chadha and Dalip Singh, 2004).

Similarly Thenu and Hemalatha (2009) did a study on ‘Management of Stress in Parents of Special Children through Positive Therapy’ at the Special Education Department of Avinashilingam University for Women, Coimbatore, among 40 parents of mentally retarded children were screened using Case Study Schedule to find the negative emotions and negative symptoms (Hemalatha, 2008). Thus based on the above studies the following hypotheses were formulated.

7. The Negative Emotions of the Nursing Students will be reduced after the Positive Therapy
8. The Stress level among the Nursing Students will be reduced significantly due to Positive Therapy.

73
Management of Depression, Anger and Enhancement of General Well-being in Institutionalized Senior Citizens through Positive Therapy was conducted by Pushpaveni and Gayatridevi (2010) Positive Therapy helped the Senior Citizens to manage depression, Anxiety and enhanced their General Well-being (Jayanthirani and Gayatridevi 2014. Thus based on the above studies the following hypotheses were formulated.

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

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

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

12. 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.

13. 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.

14. 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.

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

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

**RESEARCH DESIGN**

The experimental design used in this study was ‘Before, After, and Follow-Up Design without Control Group ’. As it is expected that one would help the subjects who are undergoing Stress, Depression, and Anger as well as low General well-being, it seemed less ethical to have a control group. The dependent variables, Stress, Depression, Anger and General well-being was measured both Before, After and Follow-Up of the treatment Positive Therapy.
FIGURE 1: SINGLE GROUP BEFORE AND AFTER DESIGN WITH FOLLOW-UP

Phase - I
ADMINISTERING QUESTIONNAIRE

Phase - II
EXPERIMENTAL PHASE

POSITIVE THERAPY

RELAXATION THERAPY
- DEEP BREATHING PRACTICE
- RELAXATION TRAINING
- AUTOSUGGESTION

COUNSELLING
- RATIONAL EMOTIVE THERAPY
- THOUGHT STOPPING
- COGNITIVE RESTRUCTURING
- ASSERTIVENESS TRAINING

EXERCISES
- TENSION RELEASING EXERCISE
- SMILE THERAPY
- LAUGH THERAPY

BEHAVIOURAL ASSIGNMENTS

Phase - III
POST EXPERIMENTAL PHASE

Phase-IV FOLLOW-UP

75
AREA

The area selected to conduct the study was Fr. Muller’s Nursing College and Dr. M. V. Shetty College of Nursing, Mangalore, Karnataka.

The reasons for selecting the area are as follows:

- Availability of the subjects
- Permission and facilities provided by the authorities to carry out the action research
- Willingness and co-operation of the students to serve as subjects in the action research

SAMPLE

Five hundred and forty four of female B.Sc. Nursing Students were screened using tools out of which 400 were selected from Fr. Muller’s Nursing College and Dr. M. V. Shetty College of Nursing, Mangalore, Karnataka. The nursing students were selected by purposive sampling technique to serve as the sample. The criteria for selection of the subjects were with High Stress/ High Depression/High Anger and Low General Well-being.

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. Therefore it was proposed to undertake the present study among Nursing students. Fr. Muller’s Nursing College and Dr. M. V. Shetty College of Nursing, Mangalore, Karnataka were selected for purposive sampling technique to serve as the location of the sample in the study.
FATHER MULLER'S COLLEGE OF NURSING, MANGALORE

DR. M. V. SHETTY COLLEGE OF HEALTH SCIENCES, MANGALORE
TOOLS

Selection of methods and tools is a very important aspect of any research, since it is a key to gain information. Following tests and tools were used to get the needed information of the subjects.

CASE STUDY SCHEDULE (Hemalatha and Hithakshi, 2008)

Case Study Schedule was used to get the needed information about the selected Nursing Students. Data was collected regarding the age, educational qualification, income, area-rural or urban and number of children. It also assesses the negative emotions and symptoms of the nursing students. A copy of the Case Study Schedule (Hemalatha and Hithakshi, 2008) is given in Annexure I.

STRESS INVENTORY (Hemalatha and Nandini Revised, 2005)

Stress Inventory consists of fifty items, under four parts namely Physiological, Emotional, Cognitive and Behavioural. There are two possible responses to each item namely ‘Yes’ or ‘No’. The Subjects were asked to tick (✓) any one, which applies to them most. There was no time limit. But the subjects were asked to respond as quickly as possible. Scoring Key and Norms were provided by the authors. The Construct validity of Stress Inventory is 0.80 and the reliability by test-retest method is 0.95. A copy of the Stress Inventory (Hemalatha and Nandini – Revised, 2005) is given in Annexure II.

BECK’S DEPRESSION INVENTORY (Beck, 1971)

Beck’s Depression Inventory consists of 21 items and there are four possible responses to each item namely ‘Always’, ‘Often’ ‘Sometimes’ and ‘Never’. The Subjects were asked to tick (✓) any one, which applies to them most. There was no time limit.

But the subjects were asked to respond as quickly as possible. Beck’s Depression Inventory (Beck, 1971) construct validity is 0.62 to 0.66 and the internal consistency ranges from 0.73 to 0.92 with the mean of 0.86. A copy of the Beck’s Depression Inventory (Beck, 1971) is given in Annexure III.

STATE TRAIT ANGER EXPRESSION INVENTORY (Speilberger, 1988).

State Trait Anger Expression Inventory (STAXI) is a self-rating questionnaire constructed and standardized by Speilberger (1988). It is an empirically derived; self-report that measures the anger feelings. The STAXI consists of 44 items which are administered in
three parts and distributed across the five main scales. Consistent with the conceptualization of anger, there are three main aspects to the STAXI scales: State, Trait and Anger Expression. Part 1 consists of 10 items with four possible responses to each item namely ‘Not at all’, ‘Somewhat’ ‘Moderately so’ and ‘Very much so’. The Subjects were asked to blacken any one with regard to how they feel at the moment. Part 1 purportedly measures State anger that is the experience of anger with subjective feelings that vary from irritability to intense rage. Part 2 contains 10 items with four possible responses to each item namely ‘Almost Never, ‘Somewhat’ ‘Often’ and ‘Almost always’. The Subjects were asked to blacken any one with regard to how they generally feel. Part 2 measures Trait anger, trait contains two subscales that examine different dispositions they are - temperament and reaction, which refers to a disposition to perceive situations as annoying and to respond to these situations by more frequent expressions of state anger. Thus state and trait anger are unlikely to actually be independent characteristics or components of anger. Part 3 contains 24 items with four possible responses to each item namely ‘Almost Never, ‘Somewhat’ ‘Often’ and ‘Almost always’. The Subjects were asked to blacken any one with regard to the way individual generally reacts when angry. Part 3 measures Anger expression, Anger Expression is actually an experimental composite of the three expression constructs - In, Out and Control. When expressing anger, it may be focused outward on other people or objects (Anger Out), or directed inward (Anger In). A third component is the degree to with people attempt to control their expression of anger (Anger Control). The construct validity of STAXI is 0.88 and the reliability is 0.89. A copy of the State Trait Anger Expression Inventory (1988) is given in Annexure IV.

WHO GENERAL WELL-BEING INDEX (1998)

It consists of five statements, the subjects were asked to read each of those statements carefully and how one has felt over the last two weeks. The subjects were asked to indicate their answer by putting tick (✓) to any one namely ‘All of the time’, ‘Most of the time’, ‘More than half of the time’, ‘Less than half of the time’, ‘Some of the time’ and ‘At no time’, which applies to them most. There was no time limit. But the subjects were asked to respond as quickly as possible. The scoring is done as per the manual. A copy of the WHO General Well-being Index (1998) is given in Annexure V.
CASE STUDY REASSESSMENT SCHEDULE (Hemalatha and Hithakshi, 2008)

It was used to reassess the subjects negative emotions, negative symptoms and scores of Stress, Depression, Anger and General Well-being of the subjects after the Positive Therapy. A copy of the Case Study Reassessment Schedule (Hemalatha and Hithakshi, 2008) is given in Annexure VI.

POSITIVE THERAPY HANDBOOK—for healthy, happy and successful living (Hemalatha, 2004) was used to provide treatment to the subjects. It is a package, which combines the Eastern Techniques of Yoga and the Western Techniques of Cognitive Behaviour Therapy has four strategies namely, Relaxation Therapy, Counselling, Exercises and Behavioural Assignments. In this action research, all the techniques were used.

CD ON RELAXATION THERAPY (Hemalatha, 2000) was used to provide Relaxation Therapy. In which the procedure to practice Relaxation Therapy namely, Deep Breathing, Relaxation Training and Autosuggestions were included.

PROCEDURE

Five hundred and forty four B. Sc. Nursing students from Fr. Muller’s Nursing College and M.V. Shetty College of Nursing, Mangalore, Karnataka were screened using the Case Study Schedule, Stress Inventory, Beck’s Depression Inventory, State Trait Anger Expression Inventory (STAXI) and WHO General Well-being Index. Out of which 400 nursing students were selected by purposive sampling technique to serve as the sample, with high stress, high depression, high anger and low general well-being.

The Case Study Schedule was used to obtain information from the Nursing Students individually. The information gathered includes the demographic details, risk factors, negative thoughts and causes of stress. Stress Inventory, Beck’s Depression Inventory, State Trait Anger Expression Inventory (STAXI) and WHO General Well-being Index, was administrated to the Nursing Students to assess their level of Stress, Depression, Anger and General Well-being. The Nursing Students were provided with the Psychological Intervention called Positive Therapy. Then the, Nursing Students were
divided into 32 batches of approximately 30 to 32 Nursing Students in a batch and positive therapy was administered to the subjects for 9 sessions, each session lasting for about one hour, over a period of 3 weeks on alternate days. They were reassessed with the same tools after therapy and follow-up was done after six months. They were given counselling to change their recurring negative thoughts, their life style positively and educate them in coping up with stress, workload and to face the challenges boldly and successfully without any negative emotions and thoughts.

INTERVENTION

Positive Therapy is a psychological intervention evolved by Hemalatha (2004). It is a package, which combines the Eastern Techniques of Yoga and Western Techniques of Cognitive Behaviour Therapy.

Positive Therapy aims at modifying negative thoughts, beliefs, emotions and behaviour by using a number of techniques. It is assumed that when negative thoughts are replaced by positive thoughts, the individual becomes more realistic and reasonable in his/her perception.

STRATEGIES

Positive Therapy has four major strategies

- Relaxation Therapy
- Counselling
- Exercises
- Behavioural Assignments

In this action research, all the techniques were used.

I. RELAXATION THERAPY

Relaxation Therapy will help the nursing students to have a relaxed state; it promotes a positive attitude towards life. As the focus is on breathing, unwanted thoughts will be eliminated, thus helping them to relax. Hence, Relaxation Therapy is given as the first step in Positive Therapy.
Relaxation Therapy involves 3 steps:

- Deep Breathing Practice
- Relaxation Training
- Autosuggestion

DEEP BREATHING PRACTICE

When a person is anxious, he or she often will have shallow breaths. When a person focuses on deep breathing, this cycle is interrupted and both the body and mind begin to relax. So, Deep Breathing Practice was given to the nursing students.

In Deep Breathing Practice, the nursing students were asked to sit erect, breathe in slowly for 4 counts (4 seconds) and breathe out gradually for 6 counts (6 seconds). This was repeated 5 times with their eyes open and 5 times with their eyes closed.

RELAXATION TRAINING

After Deep Breathing Practice, the nursing students were asked to lie down flat on a mat (without pillow) with the head straight, lips slightly apart, hands comfortably placed on the sides, palms facing upwards and legs stretched, with feet, one foot apart. The nursing students were asked to close the eyes with a folded handkerchief placed on the eyes to ensure complete darkness (The nose should not be covered).
DEEP BREATHING PRACTICE
Then, the following instructions were given:

(*) “Breathe in slowly...Breathe out gradually...”

(This was repeated 3 times)

“Now concentrate on the top of the head”. “Breathe in slowly...Breathe out gradually...Top of the head...Relax...”

This was repeated 3 times, followed by the suggestions

“Now, the top of the head is light and relaxed; no thoughts, no fears, no worries, no tension, no stress and no pain. Top of the head is light and relaxed. Top of the head is completely relaxed (two times). Breathe in slowly ...Breathe out gradually...”

Similar instructions (*) were given to other parts of the body, in the order given below:

- Back of the head
- Forehead
- Eyes
- Mouth
- Neck and Shoulders
- Back
- Chest
- Stomach
- Hands
- Legs

Then the following directions were given to the nursing students who were in a relaxed state:

- Inhale **GOOD HEALTH.** Breathe out all the aches, pains and sicknesses from the body

- Inhale **HAPPINESS.** Breathe out all the worries from the body
• Inhale **POSITIVE THOUGHTS**. Breathe out all the negative, useless thoughts from the body

• Inhale **STRENGTH**. Breathe out all the weaknesses from the body

• Inhale **COURAGE AND CONFIDENCE**. Breathe out all the fears from the body

• Inhale **SUCCESS**. Breathe out failures and fears of failures from the body

• Inhale **LOVE**. Breathe out anger, hatred and jealousy from the body

**AUTOSUGGESTION**

The students were asked to continue, to have deep breathing, enjoying the relaxed state when the following autosuggestions were given (3 times each):

• I am healthy

• I am happy

• I love everyone; everyone loves me

• I am bold and confident

• I can achieve what I want

• I am a successful person

• I can face my problems boldly and solve them successfully

• I am not afraid of anyone; God is with me

• Today is an excellent day; I will enjoy every minute of this day

• Thank you God for giving me all that I need – long life, good health, wealth, love, happiness and success

Thus, Relaxation Therapy was given to all the nursing students for about half an hour per session.
RELAXATION TRAINING
• **COUNSELLING**

The nursing student’s personal, social, academic and emotional problems were solved through counselling.

In Positive Therapy, Counselling involves the following techniques:

- Rational Emotive Therapy
- Thought Stopping
- Symptom Stopping
- Cognitive Restructuring
- Assertiveness Training

In the present research, Individual Counselling was given using all the techniques except Symptom Stopping.

**RATIONAL EMOTIVE THERAPY**

Most of the nursing students had irrational thoughts and beliefs such as

- ‘I am dull’
- ‘I am a failure’

Their irrational thoughts were refuted by appealing to reason. The nursing students were made to understand that they can accept and develop interest in the chosen nursing course through positive therapy and also be able to manage the workload, maintain good interpersonal relationships and adjust to the new environments, rules and regulations of college and hostel as they are away from home. Helping them to focus on present rather than thinking about the past and future. This in turn, helped them to be positive and realistic and face life optimistically and enjoy the opted course.

**THOUGHT STOPPING**

The nursing students were asked to sit in a relaxed state, close the eyes, breathe in slowly and get the negative disturbing thought (one at a time) and breathe out saying ‘Stop’ and push the thought away. This practice was given 3 times. Then she was asked to follow the same procedure but say ‘Stop’ mentally and throw out the thought. This practice was also given 3 times. The same procedure was followed for the other negative thoughts. In due course, the nursing students learnt to throw out disturbing, negative thoughts automatically.
COGNITIVE RESTRUCTURING

In this procedure the nursing students were helped to replace the negative thoughts with positive thoughts. They were asked to breathe in slowly and breathe out, saying each of the positive statements such as:

‘I am intelligent’

‘I am a successful person’

(3 times each)

The nursing students were asked to strongly believe that they had acquired the positive qualities and start behaving accordingly. Thus, they were helped to get rid of their negative, self-defeating thoughts and develop positive, self-enhancing thoughts.

ASSERTIVENESS TRAINING

Assertiveness is the ability to stand up for one’s rights without offending the rights of others. Unfortunately, many people suffer due to lack of assertiveness. The unassertive subjects were asked to identify and report the situations where she suffered due to unassertiveness. Some of the nursing students were unassertive to say “No” when they had to say “No” either to the tutor or to their room mates. Some of them were not assertive enough to tell out their opinion regarding their work shifts and other personal problems to their class coordinators and senior students. Hence, the nursing students were trained to be assertive by having a straight posture, with an upright face, audible voice and direct eye contact. The researcher played the role of the nursing students as an assertive person and the nursing students was asked to imitate the researcher. After practice for a couple of times, the nursing student was asked to behave in similar assertive manner in real life situations.

III. EXERCISES

Positive Therapy involves exercises to help people get rid of their tension and develop a cheerful state. They are:

- Tension Releasing Exercise
- Smile Therapy
- Laugh Therapy
TENSION RELEASING EXERCISE

Stress causes fear, anxiety, anger and/or worry, leading to tension. Tension Releasing Exercise helps to throw out all these. In this exercise, the nursing students were asked to stand with their feet one foot apart, close the palms and bring them towards the chest, breathe in slowly, then breathe out forcefully through the mouth simultaneously throwing down the hands sidewise and opening the palms. As they breathed out, they were asked to think each of the following instructions and this practice was given five times each

“Tension goes out”
“Fear goes out”
“Anger goes out”
“Anxiety goes out”
“Worry goes out”

Then they were asked to do the same exercise, making a loud sound (Ha), while breathing out. This practice was given five times.

SMILE THERAPY

In the modern world, life has become highly mechanical and many people have even forgotten to smile. Smile, not only changes the facial expression, but also changes the mood of a person to a cheerful one. Hence, by developing the habit of smiling, one can replace the negative emotions. In other words, one cannot have negative emotions such as fear, anxiety, worry or anger, while smiling.

In Smile Therapy, the nursing students were asked to say (Eee), with a broad smile, breathe in slowly through the mouth, with a hissing sound (without involving the vocal cords), close the mouth smilingly and breathe out gradually through the nose, without any sound. They were asked to enjoy the cool breeze entering through the mouth and feel the coolness spreading through the chest to the abdomen. This practice was given 10 times.

LAUGH THERAPY

In this, the nursing students were asked to stand in a circle, bend down the back and the head slightly and breathe in slowly lifting up the head and the back and start
laughing loudly without any inhibition. They were encouraged to look at each other, make gestures, clap hands, etc. while laughing. They were asked to laugh louder and louder for a longer duration. This practice was given 5 times. The nursing students enjoyed practicing Laugh Therapy.

IV. BEHAVIOURAL ASSIGNMENTS

The nursing students were asked to follow the assignments to ensure optimum health

- Always have positive thoughts. Modify negative thoughts with positive thoughts
- Have positive attitude towards self, life and others
- Live in the present, concentrate on what you do and enjoy it
- Enjoy work. Strongly believe that you can complete the work on time
- Accept responsibilities with a smile
- Face problems boldly and solve them successfully
- Enjoy the company of family members and friends
- Have some physical exercise such as walking, jogging, swimming, yoga etc
- Have some recreation such as, playing games, reading books, listening to music etc
- Develop a sense of humour, enjoy jokes; laugh heartily
- Practice Deep Breathing for 5 minutes in the morning, facing east and for 5 minutes in the evening, facing west
- Have Deep Breathing, as and when possible, throughout the day
- Practice Relaxation Training for 20 minutes in the morning, preferably, after the exercise and at night, before going to sleep
- Practice Tension Releasing Exercise ten times a day
- Practice Smile Therapy and Laugh Therapy, at least once a day, preferably with friends/family members ten times a day
- Pray to God
TENSION RELEASING EXERCISES
REASSESSMENT

All the nursing students were reassessed soon after Positive Therapy using the Case Study Reassessment Schedule, Stress Inventory, Beck’s Depression Inventory, State Trait Anger Expression Inventory (STAXI) and WHO General Well-being Index. To assess the effect of Positive Therapy after 6 months follow-up was done using the Case Study Reassessment Schedule, Stress Inventory, Beck’s Depression Inventory, State Trait Anger Expression Inventory (STAXI) and WHO General Well-being Index.

ANALYSIS OF DATA

The data was analyzed statistically by using SPSS Package V16, the Mean, Standard Deviation, KSZ, Correlation, Repeated measures ANOVA and Post hoc analysis - Duncan’s Multiple Range Test were computed.

- Correlations were computed between Stress, Depression, Anger and General Well-being

- Repeated measures ANOVA was calculated to study the effect of Positive Therapy in the level of Stress Before, After and Follow-up

- Repeated measures ANOVA was calculated to study the effect of Positive Therapy in the level of Depression Before, After and Follow-up

- Repeated measures ANOVA was calculated to study the effect of Positive Therapy in the level of Anger Before, After and Follow-up

- Repeated measures ANOVA was calculated to study the effect of Positive Therapy in the level of General Well-being Before, After and Follow-up

- Significance of difference among the Nursing Students in the Stress, Depression and General Well-being Before, After and Follow-up