

METHODOLOGY

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A research methodology defines what the activity of research is, how to proceed, how to measure progress and what constitutes success. Methodology is the description, explanation and justification of the various methods of conducting research (Saravanel, 1999). Patton (2002) defines Methodology as, "the analysis of the principles of methods, rules and postulates employed by a discipline; the systematic study of methods that are, can be or have been applied within a discipline or a particular procedure or set of procedures".

The methodology of the study on, 'Management of anxiety and enhancement of adjustment in nursing students through Positive Therapy' involves the following steps:

- Objectives
- Research Questions
- Hypotheses
- Sample
- Area
- Tools
- Procedure
- Analysis of Data

OBJECTIVES

- To assess the level of anxiety of nursing students
- To help the sample manage their anxiety through Positive Therapy
- To identify the causes and effects of anxiety of the sample
- To assess the sample's overall adjustment and adjustment in different areas

- To find out the efficacy of Positive Therapy in the enhancement of overall adjustment and adjustment in different areas
- To identify the negative emotions and symptoms of the sample
- To find out the relationship between adjustment and anxiety

RESEARCH QUESTIONS

- What is the level of anxiety of nursing students?
- Does Positive Therapy help in the management of anxiety of the sample?
- What are the causes and effects of anxiety in the sample?
- What is the sample's level of overall adjustment and adjustment in different areas?
- Is Positive Therapy effective in enhancing the sample's overall adjustment and adjustment in different areas?
- What are the negative emotions of the sample?
- Is there any relationship between adjustment and anxiety?

HYPOTHESES

Using hypotheses has the merit of increasing precision and fitting in more closely with the theory of statistical inference (Howell, 2002). It also gives immediate clarity and focus to the investigation and it enables one to know whether or not the findings of the study support its predictions (Barker, Pistrang and Elliott, 2002). A null hypothesis is a statistical hypothesis that is tested for possible rejection under the assumption that it is true. The concept was introduced by Fisher (Weisstein, 2009). The null hypothesis is often the reverse of what the experimenter actually believes; it is put forward to allow the data to contradict it (<http://davidmlane.com/hyperstat/A29337.html>). Depending on the data, the null hypothesis either will or will not be rejected as a viable possibility.

The hypotheses of the study are presented below:

- The level of anxiety of nursing students is not high
- Positive Therapy does not help in the management of anxiety of nursing students
- Nursing students have good overall adjustment
- The home adjustment of nursing students is good
- Nursing students have good health adjustment
- Nursing students have good social adjustment
- The emotional adjustment of nursing students is good
- Positive Therapy will not be effective in enhancing the overall adjustment of nursing students
- Positive Therapy will not help in enhancing the home, health, social and emotional adjustments of nursing students
- There is no relationship between overall adjustment and anxiety
- There is no relationship between home, health, social and emotional adjustments and anxiety

SAMPLE

From Avinashilingam Jan Shikshan Sansthan, Coimbatore, Tamil Nadu, India, 79 out of 125 female nursing students were selected as the sample. They were in the age range of 20-35 years. They were chosen by Purposive Sampling. “Purposive sampling is a sampling method in which, elements are chosen based on the purpose of the study. A purposive sample is one, which is selected by the researcher subjectively. The researcher attempts to obtain sample that appears to him/her to be representative of the population and will usually try to ensure that a range from one extreme to the other is included” (Galloway, 2000).

AREA

Avinashilingam Jan Shikshan Sansthan, Coimbatore, Tamil Nadu, India, was the area selected to conduct the study due to the following reasons:

- Easy accessibility
- Permission from the authorities to conduct the action research
- The availability of required number of sample for the study
- The willingness and cooperation of the sample to serve as subjects in the action research

TOOLS

- Case Study Schedule and Case Study Re-assessment Schedule (Hemalatha Natesan, 2006) (Annexure I & II)
- MAI (Manifest Anxiety Inventory) (Hemalatha Natesan and Nandini Menon, 2000) (Annexure III)
- Bell’s Adjustment Inventory (Hugh M. Bell, 1962) (Annexure IV)

- Positive Therapy – Handbook for Healthy, Happy and Successful Living (Hemalatha Natesan, 2004)
- Relaxation Therapy Audio Cassette (Hemalatha Natesan, 2000)

Case Study Schedule

Case Study Schedule constructed by Hemalatha Natesan (2006) was used to collect all the needed information about the subjects including personal details, causes and effects of anxiety, causes of maladjustment, negative emotions and symptoms experienced by the sample.

Case Study Re-assessment Schedule

Case Study Re-assessment Schedule (Hemalatha Natesan, 2006) was used to get information on the negative emotions and symptoms of the sample after Positive Therapy.

MAI (Manifest Anxiety Inventory)

MAI, constructed and standardized by Hemalatha Natesan and Nandini Menon (2000), was used to collect information on the level of anxiety of the sample. The Inventory consists of 40 items and there are 2 possible responses to each item namely, 'Yes' or 'No'. The respondents are asked to tick any one of the 2 alternatives, which applies to them. For each 'Yes' response, a score of 1 is given and the total score of all the items is taken and interpreted according to the norms provided by the authors. The reliability of MAI by test-retest method is 0.93 and the validity is 0.89.

Bell's Adjustment Inventory

Bell's Adjustment Inventory is a self-report of the individual's life and adjustment, which he has experienced. It tries to obtain more realistic information from the individual concerning what one thinks and feels about one's family relationships; one's body

functioning; one's friends and acquaintances outside the home; how aggressive or retiring one is; how much trust one can have in people around and how well one has come to play the roles that the society expects. It also seeks to obtain information about how well the individual understands and has learned to live with his feelings and emotions (Psychotronics, 2007).

Bell's Adjustment Inventory is a test of personality that assesses the individual's adjustment in a variety of situations such as, home, health, social, emotional and overall dimensions. Number of items in home, health, social and emotional dimensions of adjustment consists of 35, 31, 34 and 35 respectively. The possible range of scores for home, health, social and emotional adjustments are 0 to 35, 0 to 31, 0 to 34 and 0 to 35 respectively. High scores on the inventory signify poor adjustment and low scores denote better adjustment in different specific areas and also in respect of adjustment taken as a whole. Test-retest reliability of different adjustment dimensions as reported in the manual range from 0.70 to 0.93 and internal consistency (odd-even) ranges from 0.74 to 0.93 (Kim, 2008).

PROCEDURE

From Avinashilingam Jan Shikshan Sansthan, Coimbatore, Tamil Nadu, India, 125 female nursing students were screened using the Case Study Schedule, Manifest Anxiety Inventory and Bell's Adjustment Inventory. Out of them, 79 students with 'High anxiety' and/or 'Unsatisfactory adjustment' were selected as the subjects for the action research. They were divided into 4 batches of around 20 subjects in each batch. The subjects in all the 4 batches were given the psychological intervention called, Positive Therapy.

PHOTO I

ASSESSMENT



TREATMENT - POSITIVE THERAPY

Positive Therapy is a package evolved by Hemalatha Natesan, based on the eastern techniques of Yoga and western techniques of Cognitive Behaviour Therapy. The assumption of Positive Therapy is that any behaviour problem is due to the way an individual perceives himself, the situation, the people around and his future. A person with negative perception will also have negative thoughts, beliefs and emotions, which will affect his/her physical health and mental health. When negative thoughts are replaced by positive thoughts; the individual becomes more realistic and reasonable in his perception, which results in enhanced well-being and health. The focus of Positive Therapy is in the present.

The aim of Positive Therapy is to modify negative thoughts, beliefs, emotions and behaviour by using 4 strategies namely, Relaxation Therapy, Counselling, Exercises and Behavioural Assignments.

RELAXATION THERAPY

People with high levels of anxiety often do not know how to relax or to release the tension stored in their muscles that is contributing to the experience of anxiety. Regular, daily practice of relaxation techniques will assist in relieving muscle tension, greatly improve overall feeling of well-being and reduce anxiety (HealthyPlace.com, 2008).

In Positive Therapy, Relaxation Therapy involves three steps, Deep Breathing Practice, Relaxation Training and Auto Suggestion.

DEEP BREATHING PRACTICE

Life is but a series of breaths. Breath is life. We can live a long time without food, a couple of days without drinking but life without breath is measured in minutes.

Something so essential deserves our attention (Leduc, 2002). Since breathing is something we can control and regulate, it is a useful tool for achieving a relaxed and clear state of mind (Weil, 2008).

In Deep Breathing Practice, the subjects are asked to breathe in slowly for 4 counts and breathe out gradually for 6 counts. This is repeated 5 times with the subjects' eyes open and 5 times with the eyes closed.

PHOTO II

DEEP BREATHING PRACTICE



RELAXATION TRAINING

Relaxation Training is given to the subjects in lying down posture, with the head straight, eyes closed, lips slightly apart, hands comfortably placed on the sides, palms facing upwards and legs stretched, with feet, one foot apart. The subjects are asked to close their eyes with a folded handkerchief to ensure complete darkness. Then the following instructions are given:

“Breathe in slowly....breathe out gradually....” (This is repeated 3 times).

*”Now, concentrate on the top of the head. Breathe in slowly...breathe out gradually...Top of the head...Relax...”. This is repeated 3 times followed by the counsellor’s 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. Breathe in slowly...breathe out gradually...”.

Similar instructions (*) are given to the other parts of the body in the order as back of the head, forehead, eyes, mouth, neck and shoulders, back, chest, stomach, hands and legs.

Then, the counsellor gives the following directions to the subjects who are 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 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 hatred and anger from the body

AUTOSUGGESTION

Autosuggestion is a process by which an individual trains the subconscious mind to believe something or systematically schematizes the person's own mental associations, usually for a given purpose (Wikimedia Foundation Inc, 2009).

The subjects are asked to continue to have deep breathing, enjoying the relaxed state, when the following autosuggestion are given (3 times each):

- I am healthy
- I am happy
- I love everyone; everyone loves me
- I am bold and confident
- I can face any problem boldly and solve it successfully
- I will take up the course confidently
- I can tolerate the pressures of my course
- Today is an excellent day; I will enjoy every minute of this day
- I will enjoy my studies; I will surely pass in my exams
- Thank you God, for giving me all that I need - good health, wealth, happiness and success

PHOTO III

RELAXATION TRAINING



COUNSELLING

The Counselling techniques involved in Positive Therapy are, Rational Emotive Therapy, Thought Stopping, Symptom Stopping, Cognitive Restructuring and Assertiveness Training. In the present study, Rational Emotive Therapy, Thought Stopping and Cognitive Restructuring are used. Individual Counselling is given to the subjects who are not able to deal with the pressures of their course.

RATIONAL EMOTIVE THERAPY

More often, the problems are due to one's own wrong perceptions and beliefs. Emotion and reason are like two pans of a balance. When one becomes highly emotional, one cannot think rationally. Positive Therapy helps to remove the irrational beliefs and thoughts by appealing to reason. The individual is trained to face his/her problem with clarity in thinking and reasoning, rather than resorting to fear or worry.

Some of the irrational beliefs of the subjects are identified to be as follows:

- I will never get good marks
- I will not pass in my exams
- I will not have a bright future
- I am a burden to others
- I cannot adjust to the urban culture

These unwanted irrational thoughts are removed by appealing to their reason that they were getting good marks and passing in their exams from I standard till XII. They are also convinced that a large number of nursing students who are from low socio-economic status are successful in their profession. So, they are asked to have the strong belief that they are sure to get good marks and have a bright future.

PHOTO IV

INDIVIDUAL COUNSELLING



THOUGHT STOPPING

Many people think that they are at the mercy of their thoughts and nothing can be done. When stressed, it is often advised to have positive thoughts, but if it was as easy as this people would do so, but it is not that easy. But, there is a proven psychological technique to help stop stressful thoughts, which is called Thought Stopping. It is the process by which one is able to cease dwelling on a bothersome thought, stop thoughts that are cues to acting impulsively or compulsively, thereby breaking the power of the cues (Messina and Messina, 2007).

The subject is asked to identify the recurring negative thoughts, which disturb her. The most common negative thoughts are as follows:

- I am not confident
- I will not get good marks

The subject is asked to breathe in slowly, deliberately get the disturbing thought and breathe out saying 'Stop' loudly, pushing the thought away. This practice is given 5 times. Then, the same procedure is followed when she is asked to say 'Stop' mentally. This practice is also given 5 times. Whenever unwanted negative thoughts occur, she is instructed to say 'Stop' (mentally) and throw away the negative thought. In due course, she learns to throw out unwanted negative thoughts automatically.

According to Bernhardt (2001), 'Emotional Thought Stopping', when performed regularly, will help stop reinforcing automatic, unconscious, negative and self-destructive thoughts, which contribute to depression.

COGNITIVE RESTRUCTURING

Cognitive Restructuring, a process of recognizing challenging and changing cognitive distortions and negative thought patterns can be accomplished with the help of

a well-trained therapist. Often, people place an inordinate level of focus on the negative and discount the positive or fail to see the positive altogether. This leads to a worldview that can seem overwhelming and problems that feel insurmountable (Fava, Ruini, Rafanelli, Finos, Conti and Grandi, 2004).

After removing the unwanted negative thoughts through ‘Thought Stopping’, it is necessary to replace the negative thoughts with positive, self-enhancing thoughts. This is done by ‘Cognitive Restructuring’. In this, the individual is asked to breathe in slowly (for 4 counts). While breathing out, she is asked to tell out each of the following positive statement (3 times each).

- I am bold and confident
- I will get good marks
- I will be successful
- My future is bright
- I can adjust to the urban culture

EXERCISES

Positive Therapy involves three exercises to help people get rid of their tension and develop a cheerful state. They are, Tension Releasing Exercise, Smile Therapy and Laugh Therapy.

TENSION RELEASING EXERCISE

In this, the individual is asked to stand, close the palms and bring them towards the chest breathing in slowly; then breathe out forcefully through the mouth, making a loud sound 'Ha', simultaneously throwing down the hands sidewise, opening the palms. Each of the following suggestion is given as they breathe out (Each suggestion is given 3 times).

“Tension goes out”

“Fear goes out”

“Anger goes out”

“Anxiety goes out”

“Worry goes out”

SMILE THERAPY

The key to eyes that sparkle is a genuine smile and expression that reflects all the natural beauty within each person. The more the persons pay attention to the way they smile and the more they practice smiling genuinely, the more their natural beauty will shine through (Carefair.com, 2006).

According to Natesan (2004), a person cannot have negative emotions like fear, anger or worry while smiling; smile also changes the mood of a person to a cheerful one. In Smile Therapy, the subjects are asked to say 'Eee' with a broad smile, breathe in slowly through the mouth with a hissing sound (without involving the vocal cords). Then they are asked to breathe out gradually through the nose without any sound, closing their mouth smilingly. The subjects are asked to enjoy the cool breeze entering through the mouth and feel the coolness spreading through the chest to the abdomen. This practice is given 10 times.

LAUGH THERAPY

“Laughing is internal jogging”

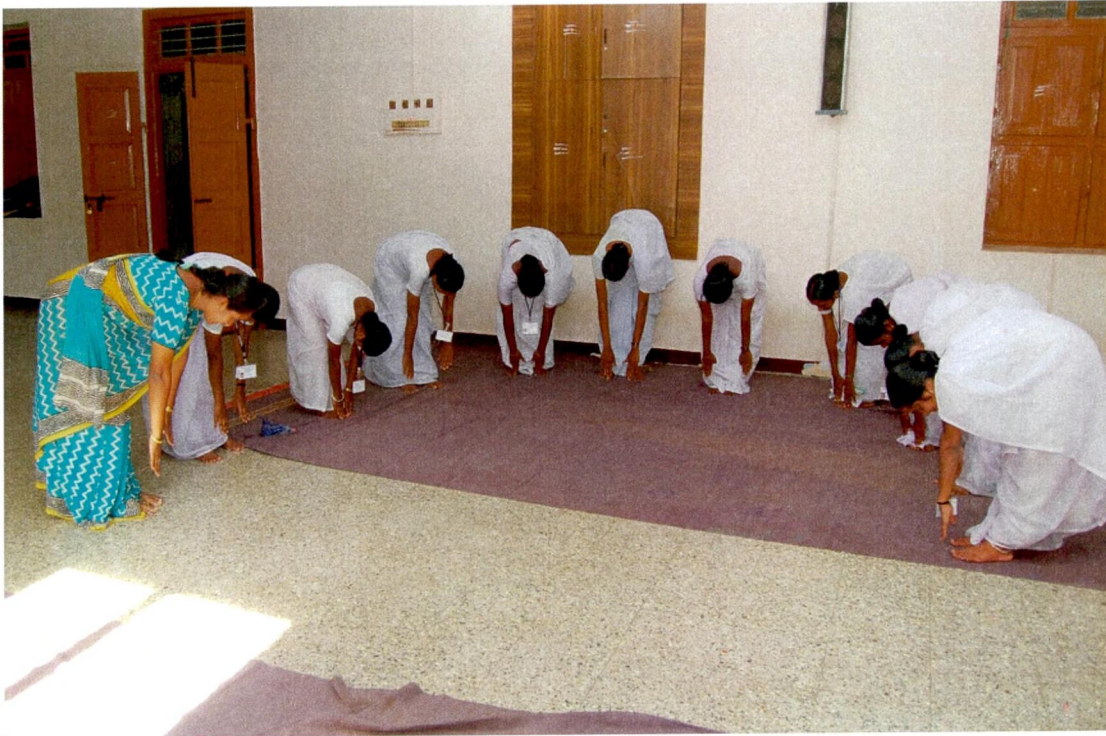
“Laughter is a tranquilizer with no side effects”

Arnold Glasow

Laughter is an audible expression or appearance of merriment or happiness or an inward feeling of joy and pleasure. Laugh Therapy provides penetrating insights that reveal the comical edge of what we ordinarily find so oppressively serious (Dillof, 2007).

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

PHOTO VIII
LAUGH THERAPY



BEHAVIOURAL ASSIGNMENTS

To have continuity in the therapy, the following Behavioural Assignments are given.

- Always have positive thoughts
- Have positive attitude towards self, life and others
- Live in the present, concentrate and enjoy what you do
- Enjoy the company of your friends and family members
- Share your feelings with friends and family members
- Study the day-to-day lessons thoroughly
- Avoid postponing the homework assignments
- Eat at regular intervals; do not skip any meal
- Have regular physical exercise such as, walking
- Enjoy listening to music or singing
- Always have a smiling face, especially while in the hospital
- Practice Deep Breathing for 5 minutes in the morning, facing east and 5 minutes in the evening, facing west
- Practice Relaxation Therapy in the morning and at night before going to sleep
- Have sound sleep for 7-8 hours a day
- Pray to God

Some of the subjects, who had tape recorder, were provided with Audio Cassettes on Relaxation Therapy to help them practice the same at home. The subjects were asked to read the Positive Therapy – Hand Book, as Biblio-therapy.

In addition to the Behavioural Assignments of Positive Therapy, the following memory improvement techniques were given, as the subjects of this study are students.

They were asked to follow meaningful learning, whole-part-whole learning and distributed learning with rest intervals in between learning periods. They were advised to recall and relearn the materials thrice. They were also taught the Mind Mapping technique as it improves the way of taking notes and enhances creative problem solving. It is a diagram used to represent words, ideas, tasks or other items linked to and arranged radially around a central key word or idea (Thomas, 2008).

Duration of Positive Therapy

Positive Therapy was given for 6 sessions in a week to all the subjects in the 4 batches. The duration of each session was 50 minutes.

Re-assessment

After 6 sessions of Positive Therapy, the entire sample was re-assessed twice using the Case Study Re-assessment Schedule, Manifest Anxiety Inventory and Bell's Adjustment Inventory. Assessment II was done immediately after Positive Therapy and Assessment III was done after 4 weeks.

EXPERIMENTAL DESIGN

Research design provides the glue that holds the research project together. A design is used to structure the research, show how all of the major parts of the research project such as, the sample or groups, measures, treatments or programmes and methods of assignment work together to try to address the central research questions (Trochim, 2006).

The experimental design employed in this research is 'Before and after treatment without control group'. This experimental design is also called 'One group pretest-posttest' design. According to Barker et al (2002), this design is characterized as a quasi-experimental design because of the experimental intervention, which then allows a direct

estimate of change over time. It is often a good first step to use a simple design such as one group pretest-posttest to demonstrate that a gross effect exists at all.

ANALYSIS OF DATA

The data will be analysed using the SPSS package to obtain the following:

- Significance of difference between mean anxiety of the sample before and after intervention
- Significance of difference between mean overall adjustment of the sample before and after intervention
- Significance of difference between mean home, health, emotional and social adjustments of the sample before and after intervention
- Correlation between overall adjustment and anxiety
- Correlation between different areas of adjustment and anxiety