

INTRODUCTION

INTRODUCTION

“Nothing in life is to be anxious, it is only to be understood.

Now is the time to understand more, so that we may be less anxious”

Marie Curie

Anxiety is a widespread phenomenon throughout the students in the milieu, in general and in nursing students, in particular. Inability to pursue higher education also creates feelings of inferiority in them, thereby affecting their adjustment. All these will have a negative impact on their personal, social as well as occupational lives. Psychological distress and poor adjustment among a significant number of nursing students is an important issue facing nursing education today (Shakya and Horsfall, 2000).

Getting a good nursing education prepares the learner for the Herculean task of caring for the sick, the fragile, the injured and the disabled that the nursing profession entails. Thus, nursing requires a great deal of adjustment for the learners (Femi, 2005).

The word, ‘Nursing’ comes from the root word ‘Nutricius’ which means, to nourish, cherish, protect, support and sustain (Nancy, 2005). Nursing is a call to service. It is a service that is essential to the well-being of people, which promotes the maintenance and restoration of health of individuals and groups. This field requires self-determination, critical thinking, lifelong learning, leadership, responsibility, altruism, self-awareness, commitment and healthy coping behaviour (Pawar, 2004).

Nursing education is understood as a continual process of two phases: first, education during the programme, which precedes professional practice and second, the training, which takes place in the professional setting. The academic and clinical demands made upon the students are a major problem and a number of students

encounter serious problems of adjustment and anxiety during clinical placements (O'Brien, 1998).

ANXIETY

Anxiety is a common emotional state, which refers to the experience of fear, apprehension, nervousness, panic, restlessness, tension and agitation (Craig, Brown and Baum, 2006). It is a vague, persistent feeling of impending doom. It is a universal feeling; no one fully escapes it. The impact of it on the self is always uncomfortable. It occurs when a threat to the control over one's self and safety by unknown forces or internal conflict is perceived (Ellis and Nowlis, 1999). Anxiety is a natural and common response to many of life's difficulties. It may be acute and focused or continual and diffuse. It can also be called "Butterflies in the Stomach". It serves as an "alarm" to protect people from harmful aspects of the environment, to deal with tense situations at work or at school and generally helps them to cope (Seligman, Walker and Rosenhan, 2001).

DEFINITIONS OF ANXIETY

“Anxiety is the intense feeling of nervousness, tension or worry. It is a diffuse or vague concern that something unpleasant will soon occur” (Baron, 2003). To quote Morgan, King, Weisz and Schopler (2002), “Anxiety is what arises in a person when he/she feels helpless in a threatening world. It is an uneasy, fearful feeling and often concealed and reduced by defensive behaviours”.

According to Sarason and Sarason (2002), “Anxiety is a diffuse, vague, very unpleasant feeling of fear and apprehension about unknown dangers”. Sternberg (2000) defines Anxiety as “a generalized feeling of dread or apprehension that is not focused on or directed toward any particular object or event”.

CAUSES OF ANXIETY

The various etiological factors for anxiety are as follows:

- a. Biological factors: Impact of heredity is one of the major reasons for experiencing anxiety. Twin studies suggest that there may be a weak genetic predisposition to anxiety. Anxiety sensitivity may make people vulnerable to anxiety. Some people are highly sensitive to symptoms and over react.
- b. Conditioning and learning: Many anxiety responses may be acquired through classical conditioning and maintained through operant conditioning.
- c. Cognitive factors: Certain styles of thinking make some people more vulnerable to anxiety. People who often misinterpret harmless situations as threatening, who focus excessive attention on perceived threat and who selectively recall information that seems threatening, are more prone to anxiety.
- d. Personality: People with neuroticism, that is, those who are self-conscious, nervous, jittery, insecure, guilt-prone and gloomy are more prone to anxiety.
- e. Stress: Anxiety is stress-related. High stress often precipitates the onset of anxiety (Weiten, 2001).

SYMPTOMS OF ANXIETY

Anxiety is described as having cognitive, somatic, emotional and behavioural components. The cognitive component entails expectation of a diffuse and uncertain danger. Somatically, the body prepares the organism to deal with threat by increasing the blood pressure, heart rate, sweating and blood flow to the major muscle groups, while immune and digestive system functions are inhibited. Externally, somatic signs of anxiety may include pale skin, sweating, trembling and pupillary dilation. Emotionally, anxiety

causes a sense of dread or panic, nausea and chills. Behaviourally, both voluntary and involuntary behaviours may arise, directed at escaping or avoiding the source of anxiety (Seligman et al, 2001).

An anxious person becomes fatigued easily, has difficulty falling asleep, suffers from headache, muscle tension and difficulty in concentrating. He/she is overly sensitive to threat cues and has 'butterflies in the stomach'. The other common symptoms include, nervousness, tension, feeling tired, dizziness, heart palpitations, trembling, worry, apprehension, hyper vigilance, loss of appetite, fainting, frequent urination, diarrhea, tremors, fear for unknown reason, intrusive thoughts, exaggeratedly distressing interpretations, feelings of uncertainty, hopelessness and physiological arousal (Sarason and Sarason, 2002).

According to Morgan et al (2002), the symptoms of anxiety include breathlessness, insomnia, sweating, fatigue, headache and chest pain.

The symptoms of anxiety can also be classified as follows:

- a. Mood symptoms: This includes feelings of tension, apprehension and panic. Often, people who experience these symptoms do not know exactly why they are feeling this way. They may become depressed, if only because they do not see any way to get rid of the symptoms.
- b. Cognitive symptoms: This may include spending a lot of time trying to figure out why various mood symptoms are occurring. When unable to identify the root cause, the person may feel frustrated. Often, thinking about the problem, actually worsens it, causing the person difficulty in concentrating.
- c. Somatic symptoms: Sweating, breathing difficulties, high pulse rate or blood pressure and muscle tension come under this. These go along with a high level of arousal of

the autonomic nervous system. Secondary symptoms like light-headedness or breathlessness, headache or muscle spasms, strokes or heart problems may also occur.

- d. Motor symptoms: This includes restlessness, fidgeting and various body movements that serve no particular purpose such as, pacing or finger tapping. People are often unaware of their motor symptoms (Sternberg, 2000).

EFFECTS OF ANXIETY

A subjective reaction to a real or imagined threat, anxiety is a nonspecific feeling of uneasiness or dread. It may be mild, moderate or severe. Mild anxiety may cause slight physical or psychological discomfort. Moderate to severe anxiety hinders the development of the therapeutic relationship (Arnold and Boggs, 1999). Severe anxiety may be incapacitating or even life-threatening, prevent successful adaptation and negatively influence all activities (Thorpe and Loo, 2003).

ANXIETY IN NURSES

Today's female graduate students enter the academic arena with anticipation, visions of self-fulfilment and hopes of increased professional and personal credibility, only to be confronted with stressful reality of negotiating multiple roles, which in turn, cause anxiety. For the nursing students, this means a radical change in their way of life. The stress and isolation correlates with poor academic performance, coping problems and ultimately result in anxiety (Younes and Asay, 2000).

Emotions the nurse is most likely to encounter in hospital settings include inadequacy, anxiety, joy, peacefulness, anger, hopelessness, frustration, apathy, fear, tension and confusion (Arnold and Boggs, 1999).

Anxiety among nurses is very high due to patient care (Sinclair and Fawcett, 1999). Learning any new role creates some degree of anxiety. Disappointment and

frustration occurs when nurses observe the difference between what they expected and what is happening (Chitty, 1997).

Feelings of apprehension and fear may hinder optimal learning and adversely influence the level of adjustment. A shift in balance may occur, lowering the effective quality of performance and creating greater uncertainty. Disequilibrium thus starts between the learner and the experiences to which he/she responds. The resultant state is one of disharmony and adjustment difficulty (Ganong, 2003).

MANAGEMENT OF ANXIETY

While most people associate anxiety with an emotional response to stress, a major factor in stress and anxiety is the physical response to external stimulus. As the body stores tension over time, a state of chronic anxiety can occur, which can affect physical and mental health. Hence, it is important to manage anxiety.

According to National Mental Health Association (NMHA, 2005), maintaining a healthy lifestyle is very important in managing anxiety, which can be done by eating healthy diet; exercising for at least 20 minutes every day, having breathing and muscle relaxation exercises; talking to family members and friends; staying socially active; avoiding caffeine, alcohol and drugs.

Healthy Diet

When people feel anxious, they often neglect themselves. Proper diet can help alleviate the physical tension associated with stress and help lower anxiety levels. Eating a balanced diet consisting of whole grains, fruits and vegetables can help strengthen the body's resistance to stress. Drinking plenty of water too helps, as dehydration adds stress to the body. Avoiding stimulants such as caffeine also helps to reduce stress. In short,

eating healthy food and regular meals will improve overall health and well-being. A good healthy meal shared with close friends reduces anxiety considerably.

Exercise

Exercise also helps to alleviate stress and anxiety. Engaging in physical activity increases the flow of oxygen through the body and stimulates the nervous system, which helps release the tension in the body and induces a relaxed state, making it easier to deal with stressful situations when they arise. Just 10 minutes of moderate exercise a day can create a more positive outlook. Adopting a more physically healthy lifestyle is the key to a healthy emotional outlook and reduction in problems such as anxiety (Little, 2007).

Humour

Humour is a great stress management technique. Laughter releases endorphins, which make a person feel good. Laughter is called, 'Internal jogging'. As such, it is a very good medicine (StressReliefManagement.org, 2006).

Talking Out

Bottling up things is likely to keep anxiety levels high. It is always good to talk to a friend about the things that cause anxiety and see if they can be resolved (Inspire Foundation, 2007).

Psychotherapy

When anxiety cannot be managed by oneself, seeing a therapist can help. There are several kinds of psychotherapy, such as, Behaviour Therapy and Cognitive Behaviour Therapy, which provide a variety of techniques. Some of them are given below:

Relaxation Training

Relaxation training includes progressive muscle relaxation, guided imagery, transcendental meditation and other forms of meditation including yoga. These

techniques reduce heart rate, skin conductance, muscle tension, blood pressure, inflammatory processes, lipid levels and energy utilization and self-report of anxiety and tension (Specia, Carlson, Goodey and Angen, 2000).

Systematic Desensitization

Although relaxation is often successful in helping people cope with stress or anxiety, it is frequently used in conjunction with Systematic Desensitization, a useful method for reducing fear and anxiety. This method is based on the view that fears are learned by Classical Conditioning that is, by associating situation or object with an unpleasant event. Desensitization is a Classical Conditioning procedure that reverses this learning by pairing the feared object with either pleasant or neutral events (Sarafino, 2001).

According to Sleight (2006), the two techniques to desensitize anxiety are exteroceptive and interoceptive desensitization. Exteroceptive Desensitization works on changing external perceptions of fear and anxiety. Events that cause anxiety are recalled in the mind, while a relaxation technique, such as deep breathing, is used to dissipate the anxiety. With sufficient repetition through practice, the imagined event loses its anxiety-provoking power.

Interoceptive Desensitization works on changing the internal perceptions (thoughts) of fear. Very often, one becomes hypersensitive to bodily sensations. For example, running up stairs will cause the heart to race, which may be like a panic attack. Interoceptive exposure simply means exposing oneself to similar physiological sensations in a controlled amount, so that the person can desensitize himself to these physical sensations of arousal. It is preferable to do these exercises with a therapist.

Modelling

People learn not just by doing, but also by observing. They see what others do and the consequences of the behaviour performed. This kind of learning is called modelling. The therapeutic use of modelling is similar to the desensitization method: the person relaxes, while watching a model calmly performs a series of activities arranged from least to most anxiety-provoking. The modelling procedure can be presented symbolically, using films or videotapes or in-vivo, with real life models and events (Sarafino, 2001).

Biofeedback

With biofeedback, one learns to control body functions such as heart rate, blood pressure, muscle tension and/or brain wave patterns. Biofeedback can help reduce tension and anxiety by using special machines to help a person to control certain nervous system responses.

Cognitive Restructuring

Cognitive restructuring is a process by which anxiety-provoking thoughts or beliefs are replaced by more constructive or realistic ones that reduce the person's appraisal of threat or harm.

Rational Emotive Therapy

This is based on the view that anxiety/stress often arises from faulty or irrational ways of thinking, which increase the appraisal of threat. Irrational thoughts exaggerate the person's negative view of the situation and so, the purpose of RET is to change these thoughts and beliefs (Sarafino, 2002).

Natural and Alternative Treatments

Herbs and Supplements

Claims have been made that certain herbal and dietary products (kava root, chamomile, and valerian) help in managing anxiety. Some herbal products can interact with prescription medicines.

Massage

A good massage makes a person feel good and relaxes him (StressRelief Management.org, 2006). Massage has several forms that vary in the degree of pressure applied. Some forms of massage use soothing strokes with light pressure, others involve a rubbing motion with moderate force and still others use a kneading or pounding action. Massage is effective in reducing stress and anxiety and in bolstering immune function (Field, 1998).

Art / Music / Dance Therapy

Art therapy offers an opportunity to explore intense or painful thoughts and feelings in a supportive environment. It involves using a wide variety of art materials, for example paints, clay and batik, to create a visual representation of thought and feelings. Art Therapy can be an individual activity but is often used very successfully in group situations (Barber, 2009).

Music therapy is an interpersonal process in which the therapist uses music and all of its facets - physical, emotional, mental, social, aesthetic and spiritual - to help people improve or maintain their health. It is also used to improve learning, build self-esteem, reduce stress, support physical exercise and facilitate a host of other health-related activities.

Dance therapy or dance movement therapy is the psychotherapeutic use of movement and dance for emotional, cognitive, social, behavioural and physical conditions. Dance movement therapy strengthens the body-mind connection through body movements to improve both the mental and physical well-being of individuals (Wikimedia Foundation, Inc, 2008).

ADJUSTMENT

The term 'Adjustment' is derived from the Latin word, 'Ad-juxtare', which means, 'Near' or 'Right'. It means regulating, adapting or settling. Adjustment is a harmonious relationship with the environment involving the ability to satisfy most of one's needs and meet most of the demands both physical and social, which are put upon a person. It is the continuous process of adapting and fitting oneself to one's surrounding and meeting the needs of the moment (Coon, 2000).

Psychologists have interpreted adjustment from two important points of views, adjustment as an achievement and as a process. The first point of view emphasizes the quality or efficiency of adjustment and the second lays emphasis on the process by which an individual adjusts in his external environment (Brar, 2007).

Adjustment is reciprocal relation between a realistic, clearly convinced self-concept and good adaptability. When varied ideas of the self are blended with conflicting outside pressures into a unified whole, the individual feels comfortable and free. When inner conflicts are unresolved, the individual feels insecure, anxious, restless or disturbed. Hence, satisfaction and happiness are closely associated with the level of adjustment of an individual (William, 1998).

Adjustment begins with the individual and how well he/she knows himself/herself. When a person thinks of adjusting to a new situation, he/she usually

wonders about what the other people will be like. It is important that one needs to get along with others and become skilled in it. Developing friendship is a part of making adjustment (Zerwekhand and Claborn, 2000).

The concept of adjustment means adaptation to physical environment as well as to social demands. There are social pressures and demands of socialization. To these may be added the individual's personal demand such as the satisfaction of physiological needs. The process of adjustment becomes still more complicated when his/her interaction with one situation comes into conflict with the requirements of the other situation. Adjustment means the degree of success an individual has achieved in dealing with life situations. It is a behavioural process by which humanbeings maintain equilibrium among their various needs or between their needs and the obstacles of their environment. It is a relative state that shifts according to life experiences. It is always subject to change (Brar, 2007).

DEFINITION OF ADJUSTMENT

Adjustment is defined as “the process of adapting to, as well as shaping one's environment. It is the ability to deal with frustration, disappointment and loss” (Coon, 2000). According to Encyclopaedia Britannica (2009), adjustment is “the behavioural process by which humanbeings maintain equilibrium among their various needs or between their needs and the obstacles of their environments. A sequence of adjustment begins when a need is felt and ends when it is satisfied”. Adjustment is “the process of adapting to something” (WordReference.com, 2008).

GOOD ADJUSTMENT

A person who is well adjusted deals effectively with problems and finds much satisfaction in living. He/she has the skills needed to solve the problems that are

encountered most often and also has developed patterns of behaviour that satisfy basic needs. Such a person is well prepared to weather a crisis and re-establish good adjustment within a reasonable period of time. By anticipating the possible failures, one tries to forestall it beforehand and makes efforts accordingly to check failure. This helps release tension and creates hope, which ultimately leads to adjustment. Learning the art of adjusting is a skill that requires years of study and practice.

POOR ADJUSTMENT

A person who is poorly adjusted is not living a full life. He/she feels restless and dissatisfied much of the time. The person may not have any more problems than a well-adjusted person. The difference is that he/she has not learned to cope with the obstacles or deal effectively with everyday problems of living. In order to remove the tension created by circumstances, the person drifts away from the right path and tries to get satisfaction by blaming others (Chaube, 1997).

The biggest obstacle for the poorly adjusted person is the poor adjustment itself. The habits, attitudes, emotional reactions and behaviour patterns that are a part of poor adjustment create additional problems. Poor adjustment is a vicious cycle. Ineffective behaviour often creates additional problems that the individual handles with more ineffective behaviours (Milliken, 1999).

ADJUSTMENT IN NURSING STUDENTS

Pursuing a college education requires adjustment on the part of all students, though the type and degree of adjustment experienced by each student will vary depending on their background, experience and prior schooling. Adjustment to college will also vary depending on the size, mission, affiliation and control of the institution in

question (Brar, 2007). As a nurse becomes a member of a profession, she will have to learn to adjust; this becomes professional adjustment (Joglekar, 2000).

In the last few years, there have been increasing adjustment problems in the nursing students. Today, they are an exploited and confused group. To cope up with the economic demands of life, the nursing students experience a conflict between economic survival in a competitive society vis-a-vis pursuit of inner human interests and services to the society. In most cases, the nursing students may have to move away from their parents to search for jobs. Housing, transport and medical services are some of the issues facing them. Also, lack of familial support and guidance lay great personal responsibility on them to evolve their own life styles to successfully adapt to the nursing profession. All these result in emotional conflicts (Sahni, 2005).

Psychological defenses are usually erected by the nursing students in relation to patient care because of the emotional intensity of the nursing act. Certain psychological barriers are unconsciously built up, making it difficult for the nursing students to adjust and engage in significant work. Thus, the nursing student is constantly subjected to some of the conflicts, which she must resolve within the framework of the organization (Abraham, 1999).

According to Mehdizadeh and Scott (2005), nursing students need to adjust to the educational system, which differs considerably from the methods of their study. There can also be some difficulties in adjustment to the customs or in obtaining suitable accommodation and desired food. Psycho-social adjustment of nursing students is also influenced by the length of residence, finance and accommodation.

With the technological advancements in medicine, the practice of nursing has also transformed as nurses assume many more responsibilities. Nurses have to provide

explanation to the clients and to the employers, which involves a great deal of adjustment and tolerance.

Adjustment problems begin to take place as the nursing student adapts to the reality of the practice of nursing. When a nursing student has to do all the work on her own and when she realizes that bad days outnumber the good days, she experiences frustration, fatigue and anger. As a nursing student enters a clinical area as a novice, she has little understanding of the meaning and application of recently learned textbook terms and concepts. All these have an impact upon her ability to adapt (Zerwekhand and Claborn, 2000).

Nurses' education includes the training that can take place at any time during their professional performance. This requires constant changes in nurses' practice resulting from the demands imposed by the health needs. The nurses are thus supposed to develop competence in order to enable professionals to play specific roles. This adds pressure to them and finally results in maladjustment (Pawar, 2004). In the opinion of Huang (2004), when new staff nurses leave school and enter the working world, they experience a shock that is all the greater because of their limited clinical experience, excessive workloads and shortage of practical skills. Difficulty in adjustment and a high attrition rate have been noted among new staff nurses as they navigate this challenging and stressful transition.

According to Kirby, Biever, Martinez and Gomez (2004), nursing students have to cancel or forego many of the family and social obligations while in school and need significant support from others. Many other students face additional pressures on time, related to other obligations. Female students often find it difficult to negotiate with family members and teachers for flexible time schedules to enhance educational opportunities.

Many students have little or no contact with other students for peer and social learning development. They often have significant family and work demands, which decrease their resources in attending the limited activities for peer and social interactions.

Another important problem of adjustment, which a student nurse has, is the difficulty in determining the concepts, which have importance to their clinical practice. They are also bothered about the important point in the context of exams. Students often do not self-test themselves prior to exams and so, cannot make corrections in time to affect outcomes. Making adjustment to nursing school and meeting new people may be a bit overwhelming (Nursing Student Association, 2005).

It is easy for nursing students to feel lost in the crowd. It takes time for them to understand the rhythm of a new academic life and develop a personal style. Some disappointments or surprises are not unusual and may require some fine-tuning such as adjusting to one's course load and rethinking of involvement in activities. Sometimes, the place of study turns out to be different from what was anticipated by the learner. These are the various problems of adjustment, which a nursing student may have to face.

In the present system of education, nursing students are exposed to a huge amount of factual knowledge. However, this knowledge is not well related to clinical practice. Overloaded curriculum and disintegration leads to adjustment problems. Students also find it difficult because they are not informed in advance about the tasks that are going to be involved in. Students suffer high level of interpersonal relations difficulties and stress (Castledine, 2006).

AREAS OF ADJUSTMENT

Accepting Responsibilities

This is more difficult because most important decisions in a nurse's life have probably been made by their parents or relatives. Suddenly, if a nursing student is faced with decision making, which involves responsibility, she becomes overwhelmed with problems. Night duty, close supervision of patients, caring of number of sick patients, all pose a great challenge to the student.

Adjustment to Working Hours

Learning to be punctual or on time may be a major problem for nursing students. In nursing, being on time is important; whether it means to come to class on time, to give medication or do a treatment at a certain time, to come to duty on time or to be on time for meetings.

Wearing the Nurse's Uniform

Besides being clean, the uniform should be worn with dignity and modesty. It takes patience for the nursing student to wear the uniform in accordance with the policies of the institution.

Thus, it takes patience and understanding from each nursing student to learn the art of adjustment and successfully practice nursing. When a student feels insecure while adjusting, even silly things seem a problem. This may create undue tension and anxiety for the student (Zwemer, 1999).

Academic Demands

Adjustment of academic habits and expectations is an important need. Studying harder, improving study habits and taking studies more seriously is expected. Learning to

set and balance priorities and also to balance work, home and school requires a great deal of adjustment.

Social Demands

Developing new relationships is an important element of social adjustment. Making new friends and developing new peer groups is crucial. Renegotiating existing relationships especially with parents and family is often needed. Other social issues requiring adjustment include homesickness and shifts in daily routines (Brar, 2007).

ENHANCEMENT OF ADJUSTMENT

The key to adjustment is learning to recognize ineffective behaviour and replacing it with another behaviour that gets better results. The person who is willing to change can thus improve adjustment.

GUIDELINES FOR EFFECTIVE ADJUSTMENT

To have optimum adjustment, one should find patterns of behaviour that satisfy basic needs and solve problems, assume conscious control of his/her behaviour, use problem-solving to find the best possible solution instead of acting impulsively, use emotions constructively and not let feelings have undue influence over behaviour, evaluate behaviour in a specific situation in a constructive sense, select appropriate goals and make plans to reach those goals. With increasing experience, the nurses can develop sensitivity to the feelings behind specific types of patient behaviour.

In short, the guidelines to improve adjustment with patients include, accepting the patient, showing interest and concern, listening and observing significant behaviour, maintaining confidentiality, being sensitive to feelings, striving to identify patient needs and being willing to serve patients (Milliken, 1999).

POSITIVE THERAPY

*“You become what you think you are
If you think you are strong, you become strong
If you think you are weak, you become weak
So, always have positive thoughts”*

Swami Vivekananda

The positive thinker sees the invisible, feels the intangible and achieves the impossible. It is important to step out and be able to view the world that is different from established norms of ‘sensitivity’ and ‘practicality’. Positive Therapy is a technique to develop a way of ‘seeing’ around the corners of impossibility and to have a positive way of looking at possibilities with an edge of reality (Headley, 2002).

Positive Therapy, evolved by Hemalatha Natesan (2004), is a package, combining the Eastern techniques based on Yoga and Western techniques based on Cognitive Behaviour Therapy. Positive Therapy had its inception in 1978. After 20 years of successful implementation, it has been made a full-fledged one in 1998.

Assumption

Any behaviour problem is owing to the way an individual perceives himself/herself, the situation, the people around and his/her future. Any problem becomes a problem, only when it is perceived as a problem. Hence, the perception of a situation or a person as a problem is owing to one’s own perception, rather than the actual situation or the person. A person with negative perception will also have negative thoughts. Negative thoughts lead to negative beliefs, which are more often irrational. These negative beliefs pave the way for negative emotions and in the long run, affect the person’s mental health, as well as physical health.

Positive Therapy aims at modifying negative thoughts, beliefs, emotions and behaviour by using 4 major strategies namely, Relaxation Therapy, Counselling, Exercises and Behavioural Assignments. The assumption of Positive Therapy is that when negative thoughts are replaced by positive thoughts, the individual becomes more realistic and reasonable in his perception.

Focus

The focus of the therapy is in the present. It has been found that many individuals waste their time and energy brooding over the past or worrying about the future. To be happy or sad is in one's own hands. Some people choose to be dull, depressed and brood over most of the time. Some have a tendency to think about their aches, pains and bodily disorders and worry about them continuously. Some tend to worry a lot about the negative events that occurred in the past, such as failures, harassment, financial problems, death of a close relative, etc. Some keep on worrying about problems, which they think will occur in the future.

In Positive Therapy, the individual is made to understand that worrying about the past or the future is unnecessary and unwanted. He/she is trained to live in the present and enjoy the present. Positive Therapy helps to replace debilitating negative thoughts with positive, self-enhancing thoughts. It is presumed that change in thoughts will automatically lead to change in behaviour. Positive Therapy helps in the development of positive personality traits such as courage, confidence, cheerfulness, optimism, etc. and trains people to face their problems boldly. Thus, Positive Therapy facilitates sound mental health, which will, in turn, lead to better adjustment.

Problems Treated by Positive Therapy

Stress, depression, anxiety, fear, anger, inferiority, insomnia, pain, academic problems, adjustment problems, menstrual problems, pre-marital/marital problems and suicidal ideation are treated successfully by Positive Therapy.

Research on Positive Therapy

The author and other researchers have carried out a number of researches in different states of India namely Tamil Nadu, Kerala, Karnataka and Rajasthan and in Cambodia (Sok Phaneth and Natesan, 2004), proving the efficacy of Positive Therapy in the management of stress (Rajakumari and Hemalatha Natesan, 2008), depression, anxiety (Hemalatha Natesan and Jeya Bharathi, 2007), anger (Ramya and Hemalatha Natesan, 2003), insomnia, pain (Preetha and Hemalatha Natesan, 2004) and in the enhancement of general well-being, self-concept (Hemalatha Natesan and Susan Betty Easo, 2004), self-esteem, emotional intelligence (Bhuvaneswari and Hemalatha Natesan, 2003) and adjustment (Sathya and Hemalatha Natesan, 2003).

NEED FOR THE STUDY

Anxiety reactions are common to situations perceived as threatening. However, excessive anxiety may paralyze an individual and interfere with effective functioning. Nursing students face multiple problems of adjustment and anxiety as they progress through a competitive and gruelling nursing programme (Edelman and Ficorelli, 2005).

Today, nursing students work in many settings. The scope and complexity of these settings vary significantly from large medical complexes to small clinics. These require them to make professional adaptations and act on them. Hence, a nursing student is often torn between stress and anxiety (Heidgerken, 2000). Since they are required to deal with chronically ill patients or those facing surgery, they suffer from tension and

anxiety. In recent years, it has been widely witnessed that a large number of nursing students suffer emotional and mental health problems.

In India, it is seen that nursing has been an area in which, women from lower socio-economic status seek upward mobility. Avinashilingam Jan Shikshan Sansthan, Coimbatore, Tamil Nadu, India, offers vocational training programmes for the economically downtrodden individuals, especially from the rural areas. Young girls from very low strata of society, who could not afford to go for higher education, join the vocational training courses, especially the nursing courses offered in this institution. Since they are away from home and are living in an urban area requiring lot of adjustments, they suffer from fear, anxiety, inferiority and stress. All these, in turn, affect their adjustment.

It was found from the previous researches that Positive Therapy is highly successful in managing anxiety and in enhancing adjustment in varied sample such as students, professionals as well as patients. It is said that "Prevention is better than cure". Hence, in this action research, an attempt is made to help the nursing students manage their anxiety and enhance their adjustment through Positive Therapy.