

RESULTS AND DISCUSSION

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The study on, 'Management of anxiety and enhancement of adjustment in nursing students through Positive Therapy' was conducted in Avinashilingam Jan Shikshan Sansthan, Coimbatore, Tamil Nadu, India. Seventy nine female nursing students with 'High Anxiety' and/or 'Unsatisfactory Adjustment' were selected by Purposive Sampling. 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. The methods adopted to collect the data included interview, case study and psychological testing.

The subjects were in the age range of 20-35 years. With regard to type of family, many of them (73%) were from nuclear family and most of them (91%) were unmarried. All the subjects had completed XII standard before joining the Nursing course. Majority of them (87%) were staying in hostel.

The first assessment of the entire sample using Case Study Schedule, Manifest Anxiety Inventory and Bell's Adjustment Inventory was done before the intervention (Assessment I). The entire sample was re-assessed twice using the Case Study Re-assessment Schedule and the same tools as mentioned above, after 6 sessions of Positive Therapy (Assessment II) and 4 weeks of Positive Therapy (Assessment III).

The results of the study are analysed using SPSS package, tabulated and discussed in the following pages.

TABLE I
LEVEL OF ANXIETY OF THE SAMPLE
BEFORE AND AFTER POSITIVE THERAPY

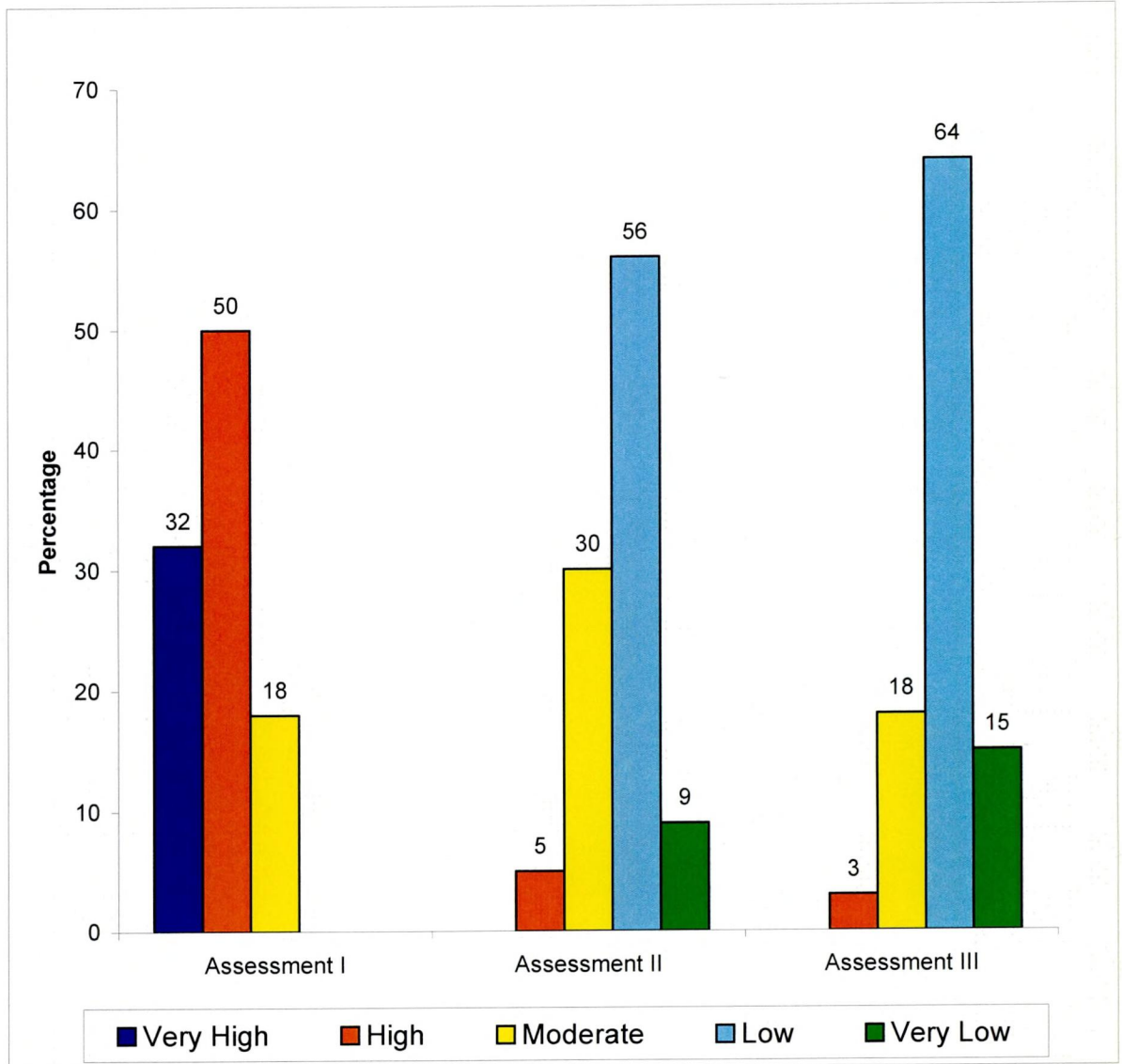
N=79

Level of Anxiety	Before Positive Therapy (Assessment I)		After Positive Therapy (Assessment II)		Follow-up (Assessment III)	
	N	%	N	%	N	%
Very High (Above 25)	25	32	-	-	-	-
High (17-24)	40	50	4	5	2	3
Moderate (9-16)	14	18	24	30	14	18
Low (1-8)	-	-	44	56	51	64
Very Low (0)	-	-	7	9	12	15
Total	79	100	79	100	79	100

FIGURE I

LEVEL OF ANXIETY OF THE SAMPLE

N = 79



Nurses work in a variety of settings, ranging from rural outpatient clinics to government hospitals and nursing homes. As such, the conditions of a nurse's work can vary a lot. The nurse's work environment also requires close contact with patients who suffer from many kinds of illnesses. There can be a risk of being infected with hepatitis, pneumonia and other infectious diseases (MDun-Lam, 2004). All these may cause anxiety in nursing students. Bell (2000) reports that learning psychomotor skills such as administering injections and performing female catheterization have been associated with high levels of anxiety.

Table I depicts that an alarmingly high percentage of the sample (82%), who were nursing students, experienced High' (50%)/'Very High' (32%)' anxiety; none of them had 'Very Low'/'Low' anxiety before Positive therapy. Therefore, the null hypothesis, 'The level of anxiety of nursing students is not high' is rejected.

It was revealed in the counselling sessions that most of the subjects suffered from intense fear, worry and apprehension about their ability to complete the course and enter into the profession. They felt insecure about personal clinical competence and had fear of failure. Working with dying patients, interpersonal conflict with other nurses, heavy work overload and concern about nursing care given to patients also made them feel anxious.

Chen, Hwu and Williams (2005) had also found that Psychiatric nurses (N=180) had high levels of state anxiety, increased trait anxiety and decreased positive attitude in managing psychiatric patients' aggression.

It is gratifying to see that after Positive Therapy and in the Follow-up, the level of anxiety in most of the subjects (79%) had come down to 'Low' (64%)/'Very Low' (15%). The reduction in anxiety was due to the continued practice of the strategies of Positive Therapy particularly, Relaxation Therapy. Anxiety and Relaxation are like two

pans of a balance; when one goes up, the other comes down. In Relaxation Therapy, as the focus was on breathing, unwanted and stressful thoughts were eliminated, helping them to relax their brain, which paved way for clear thinking and reasoning. The sample reported that they benefitted a lot by the psychological intervention provided to them. Thus, Positive Therapy helped the sample retain mental balance and peace.

TABLE II
MEAN AND S.D. OF ANXIETY
BEFORE AND AFTER POSITIVE THERAPY AND FOLLOW-UP

N = 79

Conditions	Mean	S.D.	Before	After	Follow-up
Before (Assessment I)	20.81	5.50		*	*
After (Assessment II)	8.08	4.85	*		*
Follow-up (Assessment III)	5.09	4.38	*	*	

**Significant at 0.01 level*

TABLE III
F VALUE FOR ANXIETY

N = 79

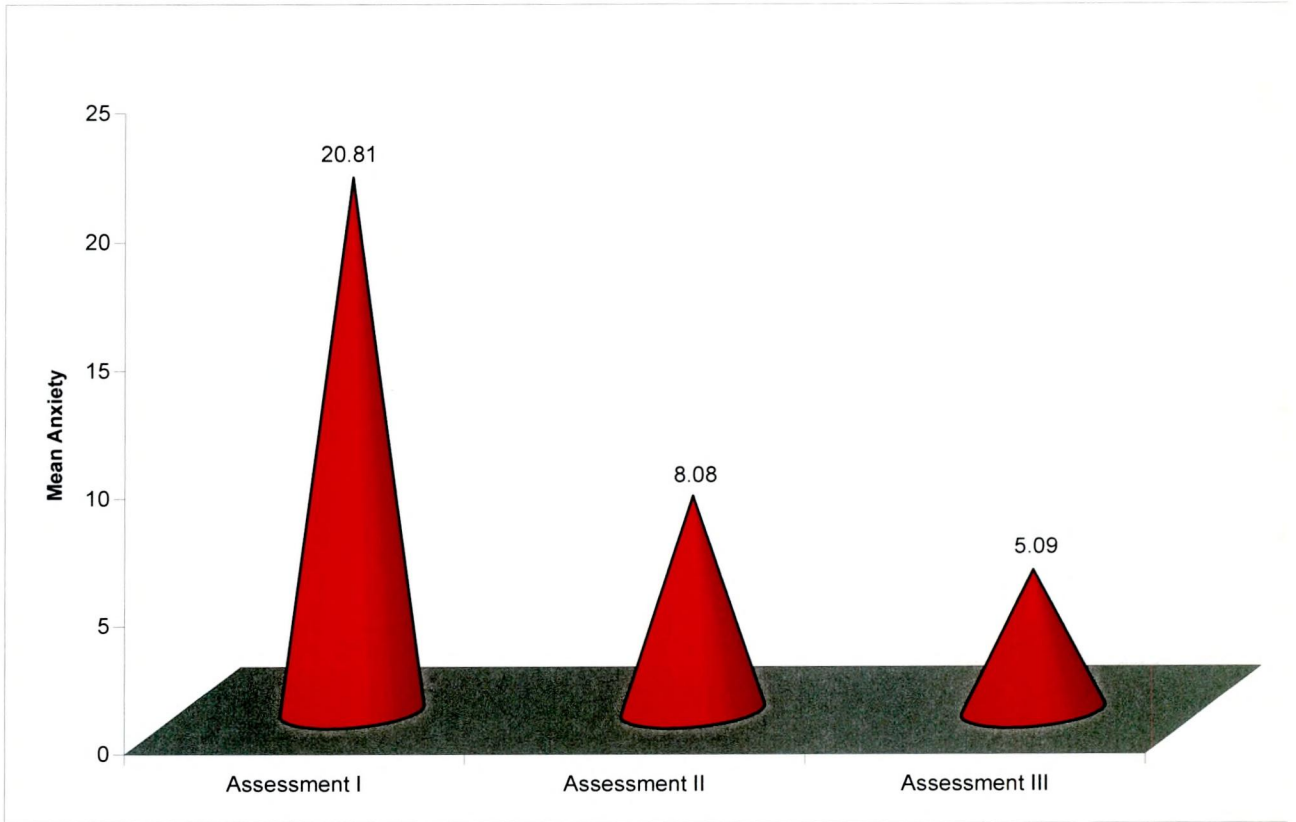
Variable	Conditions	Sum of Squares	Mean Square	df	F
Anxiety	Between Groups	11013.91	5506.95	2	226.23*
	Within Groups	5696.08	24.34	234	
	Total	16709.98		236	

**Significant at 0.01 level*

FIGURE II

MEAN ANXIETY OF THE SAMPLE

N = 79



The transition from the classroom to the working world is always a challenge and is particularly more challenging in the world of healthcare. Before assuming the primary responsibility of caring for patients and while attending an academic nursing programme, one has to have as much supervised clinical experience as possible, which may lead to anxiety.

The mean and S.D. of the sample in anxiety before and after Positive Therapy and follow-up are presented in Table II and the F value for anxiety in Table III. The mean anxiety before the intervention ($M_1=20.81$) was 'High'. After Positive Therapy, the mean anxiety ($M_2=8.08$) reduced to 'Low'. During the follow-up period also, the impact of the intervention continued and the mean anxiety ($M_3=5.09$) remained 'Low'. The difference in mean anxiety before and after intervention and before and follow-up are statistically significant at 0.01 level as indicated by the F value. This suggests the efficacy of Positive Therapy in the management of anxiety. Therefore, the null hypothesis, 'Positive Therapy does not help in the management of anxiety of nursing students' is rejected.

The subjects practiced Relaxation Therapy, the first strategy in Positive Therapy, regularly, which helped them have a relaxed state throughout the day, thereby reducing their anxiety. Counselling helped the subjects perceive the situations in a positive way. Exercises of Positive Therapy namely, Tension Releasing Exercise, Smile Therapy and Laugh Therapy minimized anxiety as well as other negative emotions such as fear, worry, etc. and enhanced optimism and cheerfulness. In short, the various techniques of Positive Therapy helped the sample manage their anxiety effectively.

In a review and analysis of several studies, Brown and Gerbarg (2005) found that Yogic Deep Breathing technique was extremely effective in handling anxiety, depression and stress-related disorders. They further reported that it could serve as an excellent

adjunct to conventional medical treatment or in some cases, as a suitable substitute in treating myriad psychological disorders.

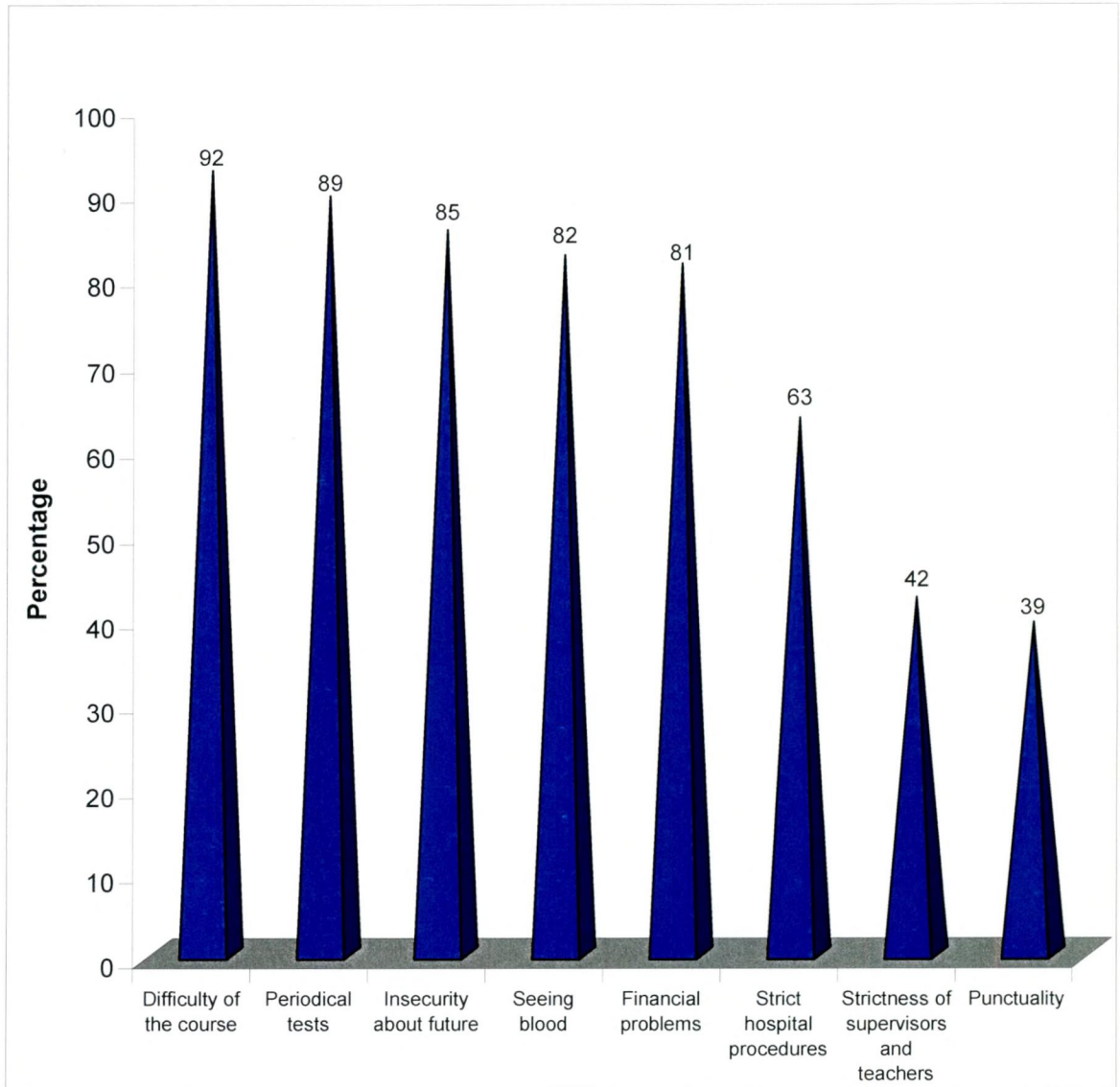
TABLE IV
CAUSES OF ANXIETY OF THE SAMPLE

S.No.	Causes	Number	Percentage
1	Difficulty of the course	73	92
2	Periodical tests	70	89
3	Insecurity about future	67	85
4	Seeing blood	65	82
5	Financial problems	64	81
6	Strict hospital procedures	50	63
7	Strictness of supervisors and teachers	33	42
8	Punctuality	31	39

FIGURE III

CAUSES OF ANXIETY OF THE SAMPLE

N = 79



Anxiety has its origins in a complex interaction of environmental, psychological and biological events and processes. Perhaps the most critical are stress and life events requiring adaptation or change and early familial and school experiences.

Table IV shows that a number of factors caused anxiety in the subjects. The causes of anxiety reported by most of the sample were 'Difficulty of the course' (92%) and 'Periodical tests' (89%). Many of the subjects had studied in Tamil medium and hence, found the course to be very difficult, as it was in English, which they could not comprehend easily. Further, their academic skills were also poor, which required drastic changes in the study habits, thereby causing anxiety towards tests.

In the study by Nicholl and Timmins (2005), it was found that the 70 part-time undergraduate nursing students perceived writing assignments at degree level, fulfilling personal needs and academic demands as major stressors. Individual items receiving highest mean scores included trying to balance work commitments and the required study and the prospect of the final examination.

Most of the sample (85%) had 'Insecurity about future'. Since they had just completed higher secondary education and had joined the one-year course in nursing, the subjects had their own doubts about getting good jobs in reputed hospitals. They strongly felt that a Degree course in nursing had better prospects.

The sample also experienced intense anxiety due to the very nature of their work such as, 'Seeing blood' (82%). They reported that their first internship experience made them jittery and caused intense anxiety. Some of them continued to have the same level of anxiety and nervousness, when they saw blood.

Many of the subjects came from a very poor socio-economic background and so, 'Financial problems' to meet the daily needs, both personal and academic, caused anxiety

in most of them (81%). The other source of anxiety reported by many of the subjects (63%) was 'Strict hospital procedures', which included taking the blood pressure readings of all the patients in their ward on time, cleaning the medical equipments promptly and reporting the daily proceedings to their supervisors, failure or delay of which was reprimanded very badly.

'Strictness of supervisors and teachers' as a source of anxiety was reported by 42% of the subjects. The sample had expected the nursing supervisors in the hospital and the course instructors to be pleasant, friendly and easy going. When they realized that the actual situation was totally different, they were taken aback and felt anxious. 'Punctuality' was also a contributor to anxiety in 39% of the sample. Because of work overload, lack of rest and leisure time, many of the subjects were fatigued by the end of the day. Added to this, they had to do a lot of homework assignments. So, they were not able to wake up early the next day and hence, could not be punctual to the class. All these, invariably caused anxiety in the selected nursing students.

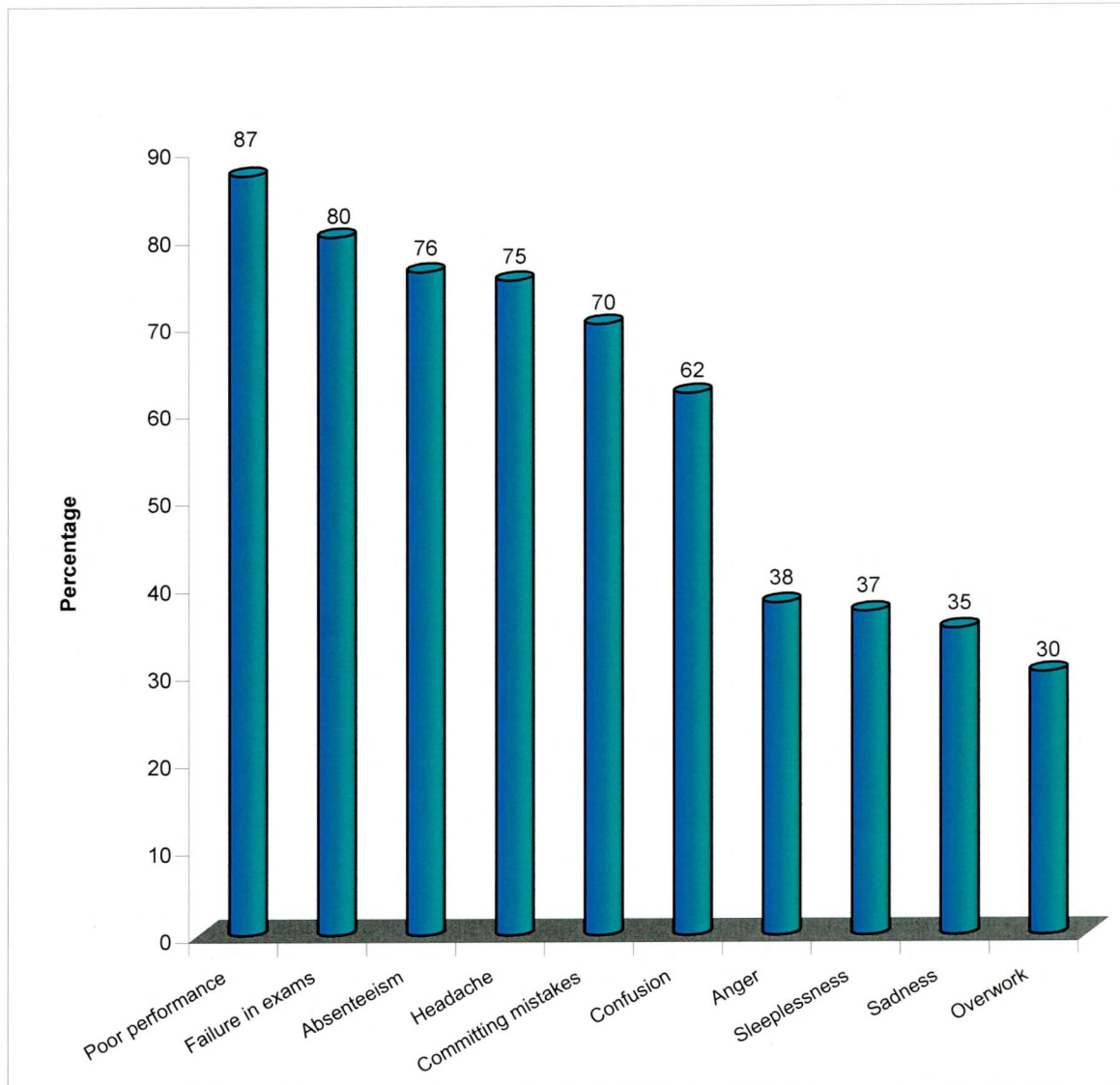
Bell (2000) had found that learning psychomotor skills such as, administering injections and performing female catheterization were associated with high levels of anxiety in nursing students. Bentata, Quintana, Venegas and Gutiérrez (2007) report that most nursing students (N=110) from the University School of Melilla suffered from stress and anxiety during hospital training. Taking care of terminally ill patients and spending time with people in pain were the most feared experiences, followed by the environment of the hospital and treating cancer and psychiatric patients.

TABLE V
EFFECTS OF ANXIETY IN THE SAMPLE

S.No.	Effects	Number	Percentage
1	Poor performance	69	87
2	Failure in exams	63	80
3	Absenteeism	60	76
4	Headache	59	75
5	Committing mistakes	55	70
6	Confusion	49	62
7	Anger	30	38
8	Sleeplessness	29	37
9	Sadness	28	35
10	Overwork	24	30

FIGURE IV
EFFECTS OF ANXIETY IN THE SAMPLE

N = 79



The manifestation of an emotional problem may be observed in such behaviours as fear of meeting people, psychological withdrawal, upset in minor happenings, anger, hostility, aggressiveness, criticizing of everybody and everything. Feelings of insecurity, lack of self-confidence, fear about abilities to achieve goals and meet difficulties of life and world are commonly exhibited by people suffering from anxiety (Yadav, 2005).

Chan (2006) observed that anxious students and complex subject matter combine to create a difficult environment. Anxiety in nursing students can block the normal thought processes, develop a passive approach to material rather than interaction with it and is associated with a general sense of incompetence. She also states that the anxious student has little inspiration for learning the material.

From Table V, it is clear that most of the sample suffered from various problems due to anxiety, such as 'Poor performance' (87%) and 'Failure in exams' (80%). As a result of anxiety, they were not able to pay attention to the subjects taught in the class nor concentrate on their studies while learning. These resulted in poor performance in daily work, which led to failure in exams, aggravating their anxiety. Thus, it was a vicious cycle.

'Absenteeism' was seen in 76% of the sample. Lack of confidence and fear of being reprimanded for not completing the assignments made them take leave frequently. 'Headache' reported by most of them (75%) was due to muscle tension and 'Confusion' (62%), which resulted in 'Committing mistakes' (70%).

'Anger' (38%), 'Sleeplessness' (37%), 'Sadness' (35%) and 'Overwork' (30%) were the other effects of anxiety in the sample. They were unable to deal with their frustrations and disappointments properly and so, exhibited them in the form of anger. Heightened anxiety made them sleepless and sad. To keep pace with the others and to

prove their worth, they overworked, which aggravated their anxiety. It is very important to manage anxiety at this stage, as it may lead to depression and even suicidal tendencies, if unchecked.

According to Audet (1999), when student nurses suffer from anxiety, it decreases their ability to learn and retain information, as well as decrease confidence in their ability to function autonomously.

TABLE VI
LEVEL OF OVERALL ADJUSTMENT OF THE SAMPLE
BEFORE AND AFTER POSITIVE THERAPY

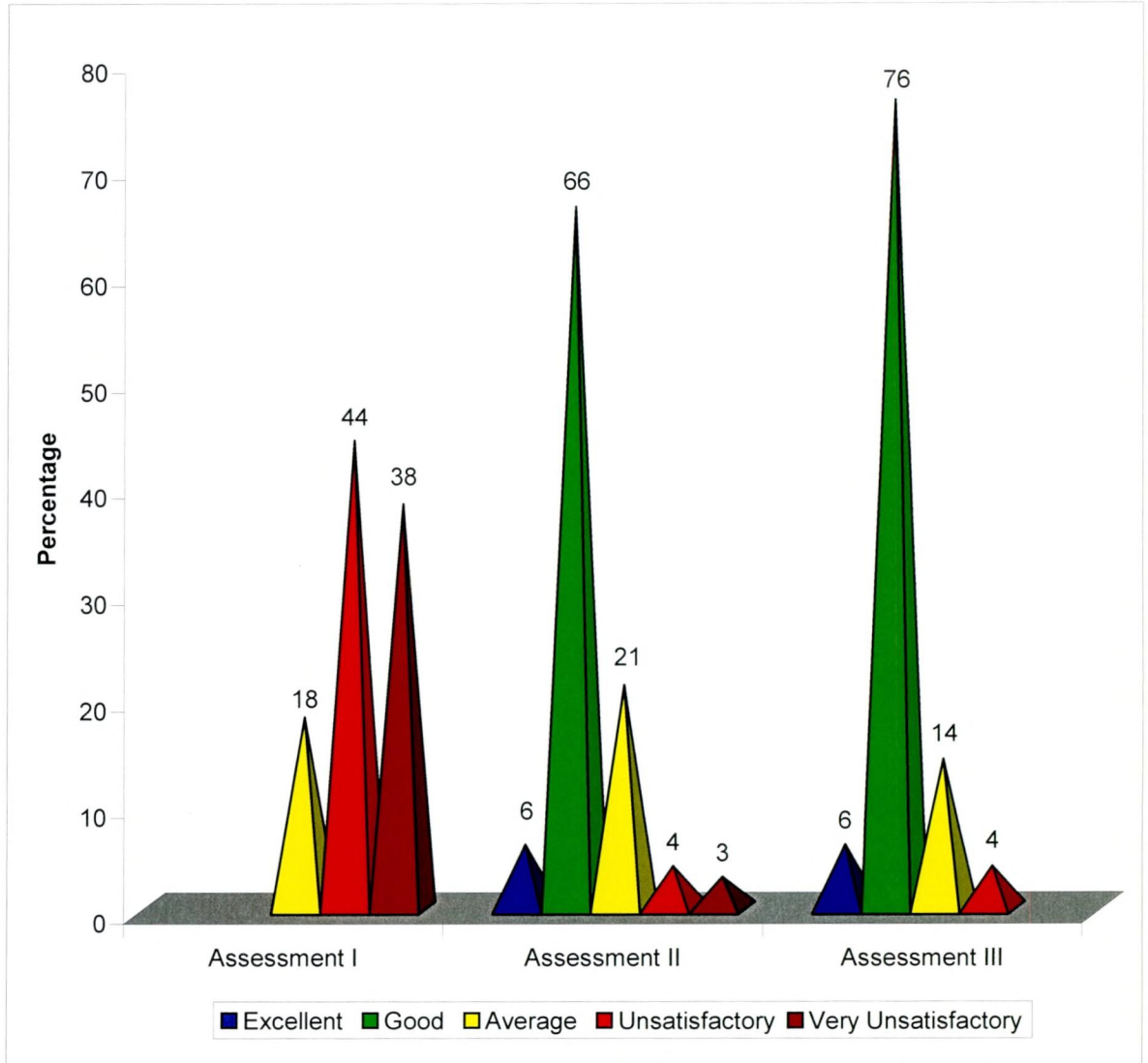
N = 79

Level of Overall Adjustment	Before Positive Therapy (Assessment I)		After Positive Therapy (Assessment II)		Follow-up (Assessment III)	
	N	%	N	%	N	%
Excellent (0-12)	-	-	5	6	5	6
Good (13-24)	-	-	52	66	60	76
Average (25-47)	14	18	17	21	11	14
Unsatisfactory (48-65)	35	44	3	4	3	4
Very Unsatisfactory (Above 65)	30	38	2	3	-	-
Total	79	100	79	100	79	100

FIGURE V

LEVEL OF OVERALL ADJUSTMENT OF THE SAMPLE

N = 79



Ups and downs spice life but need to be in balance. All the unpleasant feelings have to be checked and displaced at once. Adjusting to the various aspects of workplace can be intensely difficult and people breakdown when the going gets tough (Lam, Irwin, Chow and Chan, 2002). The process of adjustment is complicated because a person's interaction with one demand may come in conflict with the requirement of another. Conflict can arise either because two internal needs are in opposition or because two external demands are incompatible with each other or because an internal need opposes an external demand. Conflict presents special problems of adjustment. Satisfaction of one need as opposed to other needs may not provide full satisfaction. For nursing students, even the normal demands cause problems of adjustment resulting in self-defeating feelings.

From Table VI, it is very disheartening to note that in Assessment I, none of the subjects had 'Excellent'/'Good' overall adjustment; in fact, many of them (72%) had 'Very Unsatisfactory'/'Unsatisfactory' overall adjustment. Hence, the null hypothesis, 'Nursing students have good overall adjustment' is rejected.

The counselling interviews revealed that most of them found it difficult to adjust to the urban culture as they were from rural areas. Further, going from the classroom to the work area that is, hospital, required great deal of adjustment. Poor language and communication skills, resulted in low self-confidence and self-esteem; lack of support and acceptance added to their problem.

The result of this study is in line with the study conducted by McClure (2007) who had also found that adjustment was most difficult in the first 6 to 12 months from entry into the new course. The influence of previous cultural experiences on expectations had affected the adjustment of students.

However, it is gratifying to see that in Assessment II, 66% of the sample developed 'Good' overall adjustment and only 7% had 'Unsatisfactory'/'Very Unsatisfactory' overall adjustment after Positive Therapy for 6 sessions. It is interesting to note that the overall adjustment of the sample was even better in Assessment III. None of them had 'Very Unsatisfactory' overall adjustment while, most of them had 'Good' (76%) and some even had 'Excellent' overall adjustment (6%). Positive Therapy helped the sample think realistically and perceive situations in a more positive perspective. It also developed their courage, confidence, cheerfulness and facilitated sound mental health, which, in turn, helped them have better adjustment.

TABLE VII

**MEAN AND S.D. OF THE SAMPLE IN OVERALL ADJUSTMENT
BEFORE AND AFTER POSITIVE THERAPY AND FOLLOW-UP**

N=79

Conditions	Mean	S.D.	Before	After	Follow-up
Before (Assessment I)	58.29	14.69		*	*
After (Assessment II)	25.20	12.93	*		**
Follow-up (Assessment III)	20.66	10.46	*	**	

**Significant at 0.01 level*

***Significant at 0.05 level*

TABLE VIII

F VALUE FOR OVERALL ADJUSTMENT

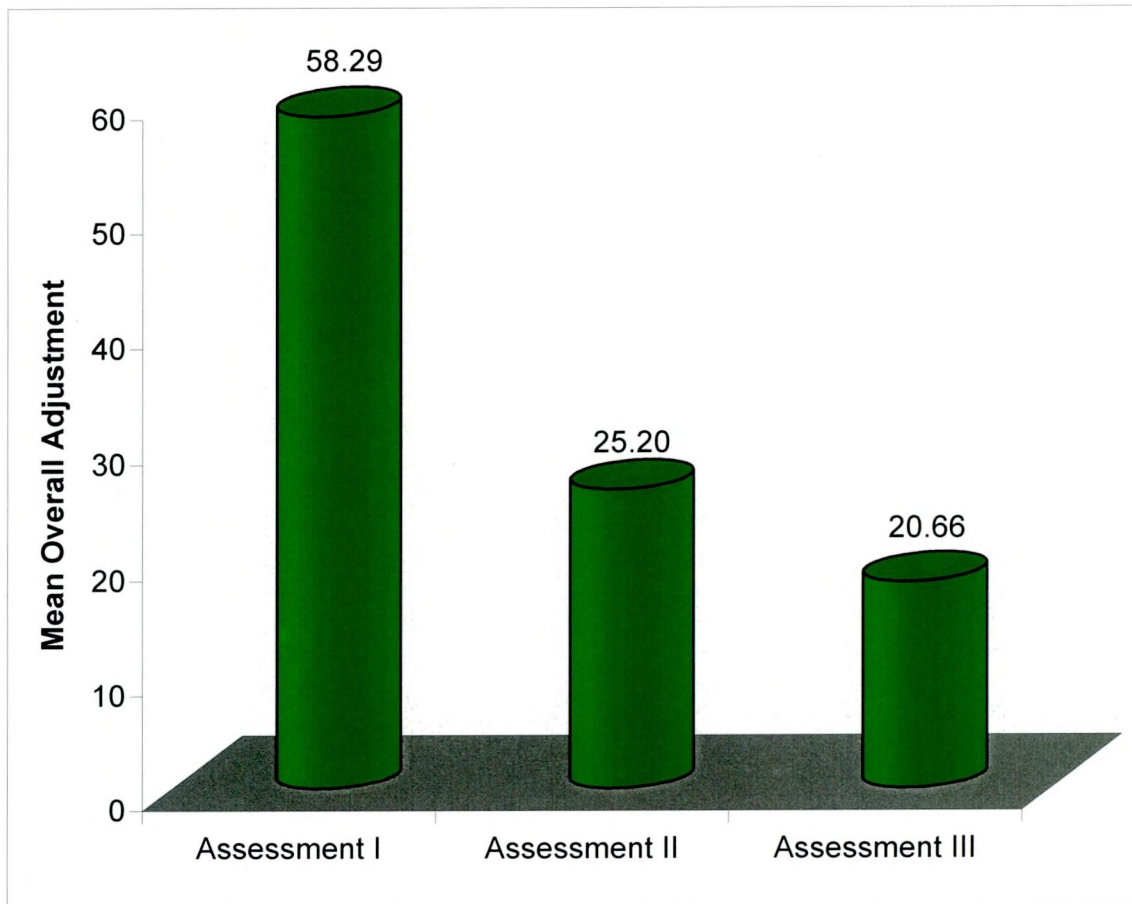
N=79

Variable	Conditions	Sum of squares	Mean Square	df	F
Overall Adjustment	Between Groups	66669.22	33334.61	2	203.07*
	Within Groups	38412.84	164.16	234	
	Total	105082.06		236	

**Significant at 0.01 level*

FIGURE VI
MEAN OVERALL ADJUSTMENT OF THE SAMPLE

N = 79



Nursing students have difficulty in determining which concepts have importance to their clinical practice and which ones are the important from the examination point of view. Poor psychological adjustment is characterized by the development of emotional and/or behavioural symptoms such as anxiety, school behaviour problems, fighting, work problems, academic problems, withdrawal or physical complaints, in response to a specific stressor or stressors within the environment. Major life functioning would include school adjustment, work adjustment, social adjustment and family adjustment (Franklin, 2003).

Table VII shows that the mean Overall Adjustment before Intervention was 'Unsatisfactory' ($M_1=58.29$) whereas after Intervention and in the follow-up, it was enhanced to 'Average' ($M_2=25.20$) and 'Good' ($M_3=20.66$) respectively. Table VIII shows the F value. The difference in mean Overall Adjustment before and after intervention and before and follow-up are statistically significant at 0.01 level ($F = 203.07$), showing the effectiveness of Positive Therapy in improving in the mean overall adjustment. So, the null hypothesis, 'Positive Therapy will not be effective in enhancing the overall adjustment of nursing students' is rejected.

Counselling Interviews revealed that many of the subjects had irrational beliefs, which included, "I cannot adjust to the urban culture", "I cannot cope up with the course" etc., which caused inferiority in them, thereby affecting their adjustment.

Autosuggestion such as, "I am bold and confident", "I can face any problem boldly and solve it successfully", "I can tolerate the pressures of my course" etc. given under the relaxed state, paved way for enhanced adjustment.

Rational Emotive Therapy helped to refute the irrational beliefs by appealing to their reason that all those who come from rural areas are not failures and that many have

been highly successful also. They were given the example of Dr. A.P.J. Abdul Kalam, former President of India, who had also come from a remote village and from low socio-economic strata but was successful to get a doctorate degree and to rise to the highest position in India. Cognitive Restructuring helped to reinforce the positive statements, “I can adjust to the urban culture” and “I can cope up with the course”.

In short, Positive Therapy was helpful in modifying the negative cognitions into positive, self-enhancing ones, developing a sense of worthiness and a feeling of equality, thereby facilitating better adjustment.

TABLE IX
LEVEL OF HOME ADJUSTMENT OF THE SAMPLE
BEFORE AND AFTER POSITIVE THERAPY

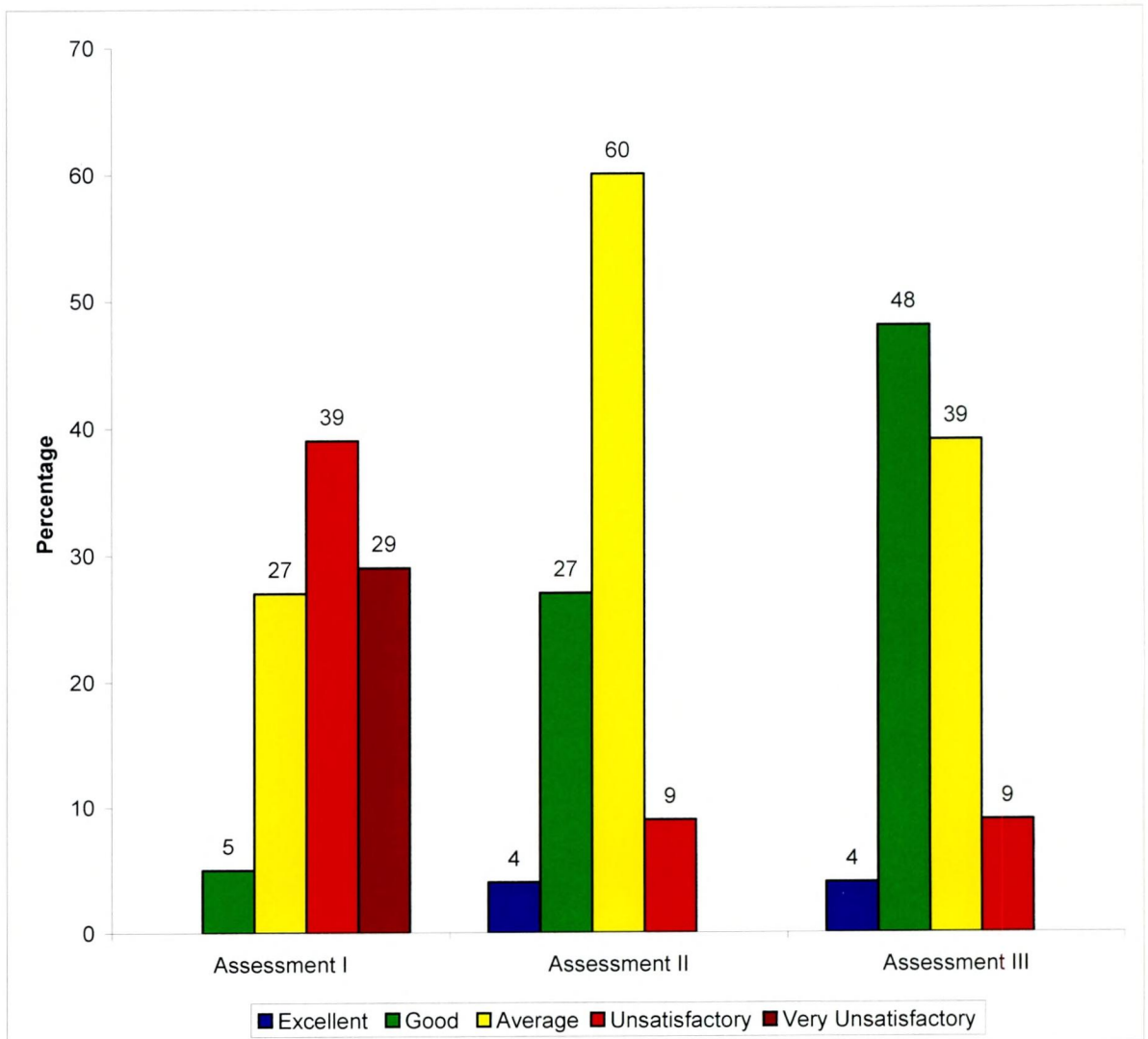
N = 79

Level of Home Adjustment	Before Positive Therapy (Assessment I)		After Positive Therapy (Assessment II)		Follow-up (Assessment III)	
	N	%	N	%	N	%
Excellent (0-1)	-	-	3	4	3	4
Good (2-4)	4	5	21	27	38	48
Average (5-9)	21	27	48	60	31	39
Unsatisfactory (10-15)	31	39	7	9	7	9
Very Unsatisfactory (Above 15)	23	29	-	-	-	-
Total	79	100	79	100	79	100

FIGURE VII

LEVEL OF HOME ADJUSTMENT OF THE SAMPLE

N = 79



Family as a biological unit begins to influence the adjustment of a person from the moment of his conception. The cultural stimulation prevalent in the family, the emotional currents in it also have a subtle influence on adjustment (Yadav, 2005).

It is evident from Table IX that many of the sample (68%) had 'Very Unsatisfactory'/'Unsatisfactory' home adjustment; none of them had 'Excellent' home adjustment and only 5% had 'Good' home adjustment. Therefore, the null hypothesis, 'The home adjustment of nursing students is good' is rejected.

At home, comparisons with siblings and cousins by parents created unpleasant atmosphere. Some of them stayed with the relatives, where the atmosphere was not cordial, resulting in distress. They had to forego many of the family and social obligations frequently due to their busy schedule, which created friction in the family. All these led to 'Unsatisfactory' home adjustment in the sample.

Orrego and Rodriguez (2001) assessed the effects of communication and conflictual independence on college students and found that there was a clear detrimental effect of negative, closed communication and familial conflict. This study found that pluralistic and protective family types significantly predicted conflictual independence from parents. Students who perceived their parents using the protective communication style reported having low levels of conflictual independence from their parents and being less adjusted to college.

It is gratifying to note that in Assessment II, 27% of the sample developed 'Good' and 4% 'Excellent' home adjustment. Further, in Assessment III, 48% of the sample rose to 'Good' and 4% to 'Excellent' home adjustment. The improvement in home adjustment can be ascribed to the intervention provided to the sample.

Relaxation Therapy helped the sample release their tension and stay calm. During counselling, the subjects were asked to accept and be tolerant of their family. The importance of having a pleasant family atmosphere with a positive outlook was emphasized, which brought about a beneficial change in the sample. They determined to maintain cordial relationships with their family, even if they were criticized. Exercises, particularly Smile and Laugh Therapy, enhanced their home adjustment.

All that was needed was a reorientation and change in their cognitions. Sincere practice of all these techniques at home, along with family members, helped them perceive their family situations in a positive way and adjust better.

TABLE X
SIGNIFICANCE OF DIFFERENCE BETWEEN MEAN
HOME ADJUSTMENT OF THE SAMPLE

Treatment Condition	Mean	Standard Deviation	Critical Ratio
Assessment I	12.75	5.75	9.12*
Assessment II	6	3.15	
Assessment I	12.75	5.75	10.33*
Assessment III	4.9	3.45	
Assessment II	6	3.15	2.08**
Assessment III	4.9	3.45	

** Significant at 0.01 level*

*** Significant at 0.05 level*

FIGURE VIII

MEAN HOME ADJUSTMENT OF THE SAMPLE

N = 79

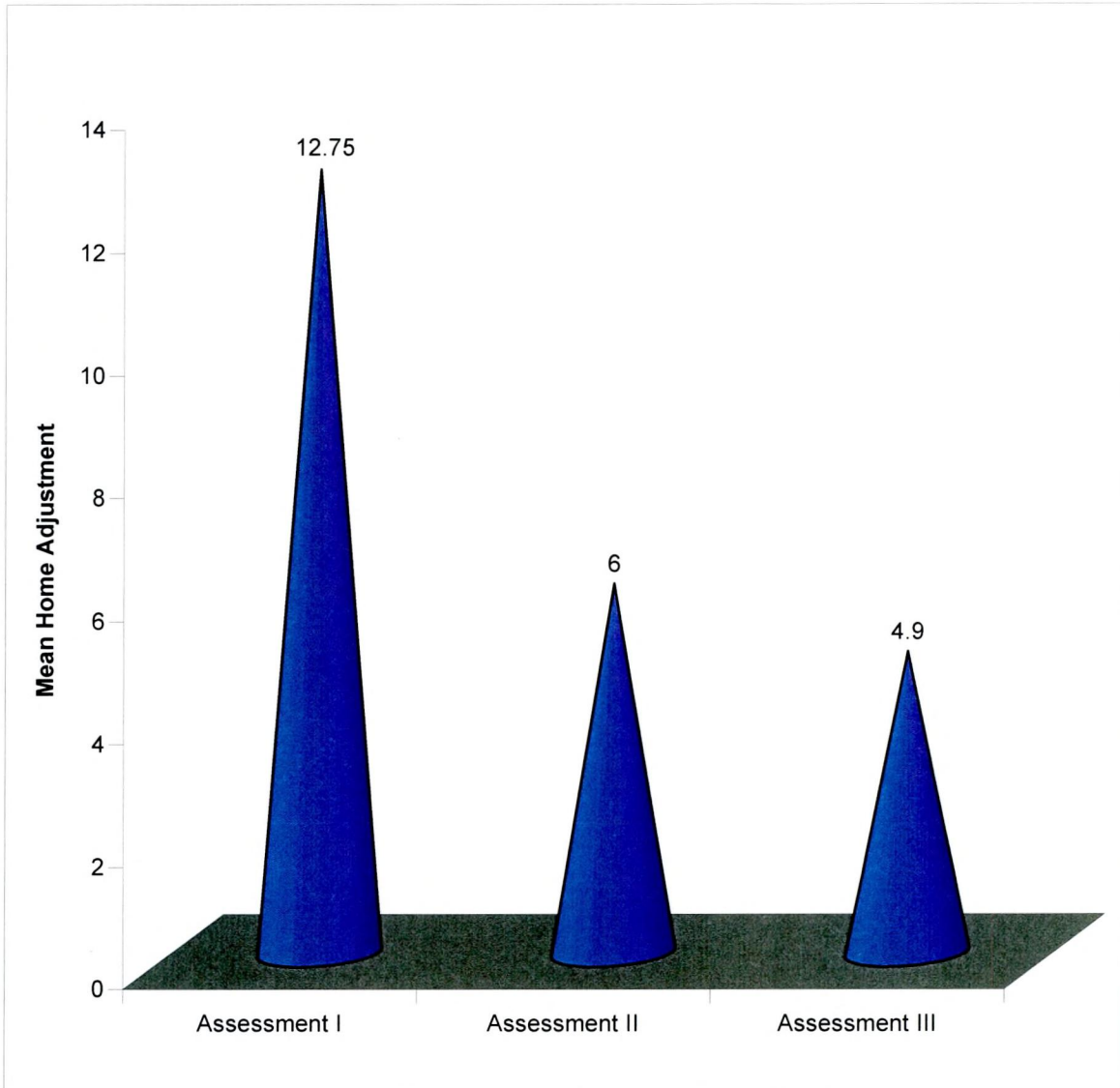


Table X gives a clear picture that the mean Home Adjustment in Assessment I was ($M_1=12.75$), which is 'Unsatisfactory'. After Positive Therapy, the mean Home Adjustment in Assessments II was enhanced to 'Average' ($M_2=6$) and in Assessment III, it was 'Good' ($M_3=4.9$). The mean difference in Home Adjustment between Assessments I and II and Assessments I and III is statistically significant at 0.01 level. Hence, the null hypothesis, 'Positive Therapy will not help in enhancing the home adjustment of nursing students' is rejected.

Positive Therapy helped the subjects develop positive perception towards situations, thus enabling them withstand others' criticisms boldly. Individual and Group Counselling involving Interpersonal Skills Training and Communication Skills Training made the subjects express their feelings assertively to the family members.

The Autosuggestion, "I love everyone; everyone loves me", "Today is an excellent day; I will enjoy every minute of this day" etc. brought a positive change in the sample and helped them perceive the family members in an optimistic manner. The Behavioural Assignments, 'Enjoy the company of your family members', 'Share your feelings with family members' and 'Always have a smiling face' ensured healthy relationships at home. The subjects were asked to practice Smile Therapy and Laugh Therapy with their siblings and family members, which reduced the friction at home. On the whole, the various techniques of Positive Therapy proved to be very effective in enhancing the home adjustment of the sample.

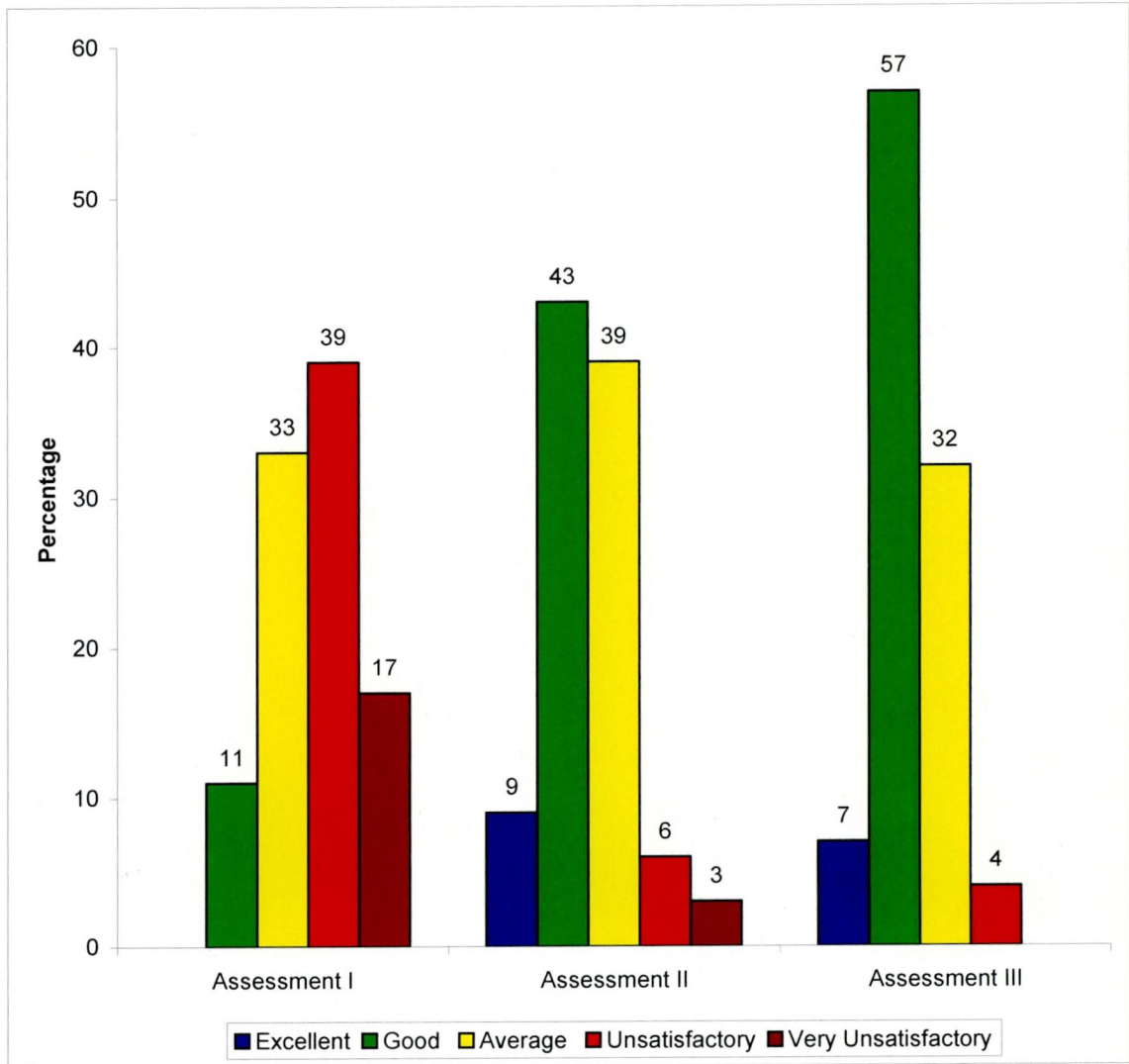
TABLE XI
LEVEL OF HEALTH ADJUSTMENT OF THE SAMPLE
BEFORE AND AFTER POSITIVE THERAPY

N=79

Level of Health Adjustment	Before Positive Therapy (Assessment I)		After Positive Therapy (Assessment II)		Follow-up (Assessment III)	
	N	%	N	%	N	%
Excellent (0-1)	-	-	7	9	6	7
Good (2-4)	9	11	34	43	45	57
Average (5-9)	26	33	31	39	25	32
Unsatisfactory (10-15)	31	39	5	6	3	4
Very Unsatisfactory (Above 15)	13	17	2	3	-	-
Total	79	100	79	100	79	100

FIGURE IX
LEVEL OF HEALTH ADJUSTMENT OF THE SAMPLE

N = 79



As stated earlier, the sample of this study was from rural areas, which demanded lot of adjustment. Emotions that often appear during this adjustment period include sadness and loss, uncertainty and anxiety and worry that one will not be able to adequately adjust in a new culture. The US Committee for Refugees and Immigrants (2007) has stated that students may feel more tired than usual and may not eat or sleep well. These are normal emotions that will fade to a degree as they adjust to the culture.

Table XI shows that in the beginning, majority of the sample (56%) had ‘Unsatisfactory’/ ‘Very Unsatisfactory’ health adjustment; none of them had ‘Excellent’ health adjustment and only 11% had ‘Good’ health adjustment. So, the null hypothesis, ‘Nursing students have good health adjustment’ is rejected.

The sample had poor immunity and looked exhausted even early in the morning. They were not giving adequate attention to the basic necessities such as, taking food at the right time. It was found that many of them skipped their breakfast in an attempt to reach the study or work place on time in order to avoid being reprimanded. Some of them also reported that they were anaemic and were highly vulnerable to illnesses. There was high absenteeism among the sample as reported by their teachers.

However, is happy to note that in Assessments II and III, majority of the sample (52% and 65% respectively) had ‘Excellent’ (9% and 8% respectively)/‘Good’ (43% and 57% respectively) health adjustment. Autosuggestions that the sample would be healthy and free of health hazards helped them greatly. After counselling, they determined not to miss any meal and to keep themselves fit and fine. They also understood the importance of having good physical and mental health to be successful in their profession.

TABLE XII
SIGNIFICANCE OF DIFFERENCE BETWEEN
MEAN HEALTH ADJUSTMENT OF THE SAMPLE

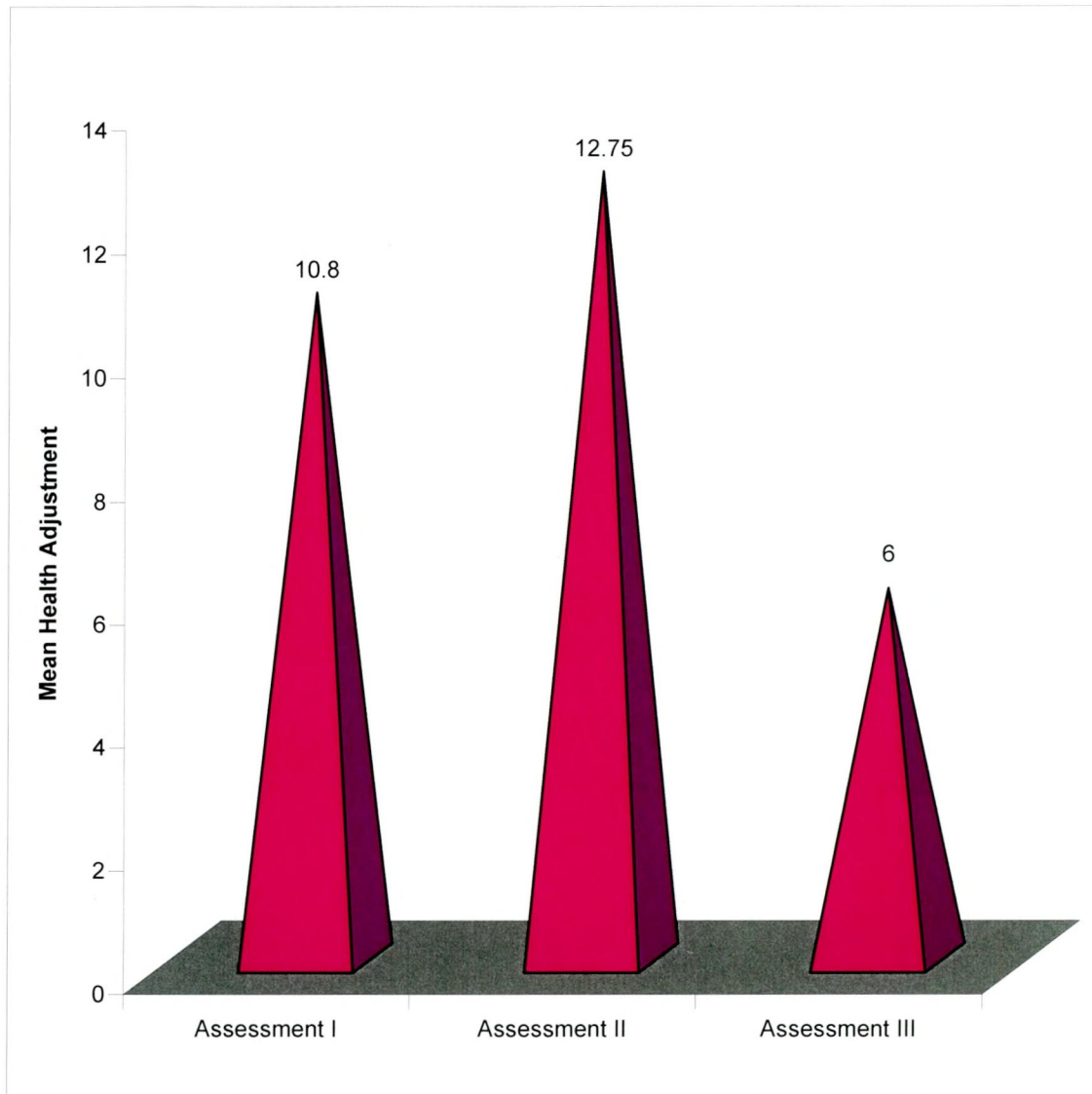
Treatment Condition	Mean	Standard Deviation	Critical Ratio
Assessment I	10.8	5.4	7.5*
Assessment II	12.75	5.75	
Assessment I	10.8	5.4	9.78*
Assessment III	6	3.15	
Assessment II	12.75	5.75	1.84
Assessment III	6	3.15	

** Significant at 0.01 level*

FIGURE X

MEAN HEALTH ADJUSTMENT OF THE SAMPLE

N = 79



Most nursing students remember that they have to make lot of adjustments in their course and the inevitable culture shock that ensues. Doing something for the first time is daunting enough but in nursing, it can leave students feeling vulnerable, uncertain or just scared, thereby costing much for their health (Skapinakis and Gerasi, 2007).

Table XII shows that in Assessments I and II, the mean health adjustment was 'Unsatisfactory'; while in Assessment III, it was 'Average'. The differences between the mean health adjustment (Assessments I and II and Assessments I and III) are statistically significant at 0.01 level. Positive Therapy was very effective in bringing about the improvement in the mean health adjustment. Therefore, the null hypothesis, 'Positive Therapy will not help in enhancing the health adjustment of nursing students' is rejected.

The subjects were made to understand that quality of life is determined by what they choose for improving health and well-being. Autosuggestion, "I am healthy" helped them greatly. Counselling on the importance of health and diet brought about lifestyle changes in the sample. Behavioural Assignments to drink plenty of water, to eat at regular intervals, without skipping any meal, brought about a healthier change in the sample.

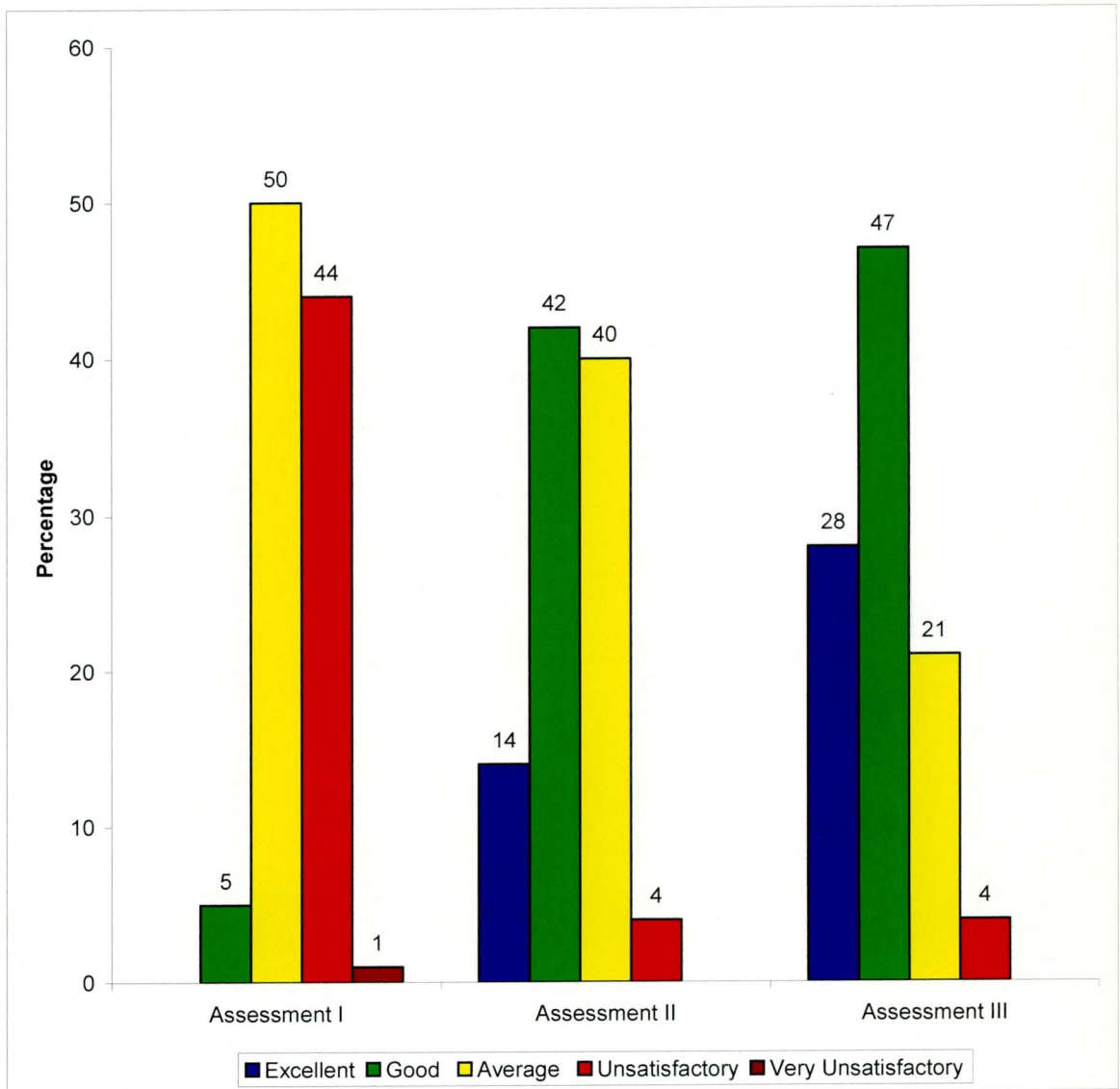
TABLE XIII
LEVEL OF SOCIAL ADJUSTMENT OF THE SAMPLE
BEFORE AND AFTER POSITIVE THERAPY

N=79

Level of Social Adjustment	Before Positive Therapy (Assessment I)		After Positive Therapy (Assessment II)		Follow-up (Assessment III)	
	N	%	N	%	N	%
Excellent (0-3)	-	-	11	14	22	28
Good (4-8)	4	5	33	42	37	47
Average (9-19)	39	50	32	40	17	21
Unsatisfactory (20-28)	35	44	3	4	3	4
Very Unsatisfactory (Above 28)	1	1	-	-	-	-
Total	79	100	79	100	79	100

FIGURE XI
LEVEL OF SOCIAL ADJUSTMENT OF THE SAMPLE

N = 79



Socialization is the whole process by which an individual born with behavioural potentialities of an enormously wide range is led to develop actual behaviour, which is confined to a much narrower range, the range of what is customary and acceptable for him according to the standards of his group (<http://www.Colorado.edu/hazards/qr/qr87.html>, 1998). According to (Dutta, Baratha and Goswami, 1998), the emotional stability, the home and such factors as a sense of personal worth and feeling of social belonging are important in one's social adjustment. Dillof (2007) states that life's worries can ruin one's health, sour his/her disposition and harm the social and business relationships.

Table XIII shows that initially, many of the sample (45%) had 'Unsatisfactory'/'Very Unsatisfactory' Social Adjustment; none of them had 'Excellent' social adjustment and only 5% had 'Good' Social Adjustment, due to which, the null hypothesis, 'Nursing students have good social adjustment' is rejected.

The sample of this study were withdrawn, quiet and tended to be unaccomodative and unsociable. Majority of them reported that they neither had adequate social skills nor opportunities to fulfill social needs. They had lot of difficulty involving in campus activities and taking up leadership roles. They had to adjust to the social climate at the place of study and at the hospital, which was different from their earlier school climate. As they came from different backgrounds, their interactions with others were affected, which increased their distress. Though the sample had people around them, they seemed to feel lonely.

Anyway, after Positive Therapy, it is amazing to note that in Assessment III, some of the sample developed 'Excellent' Social Adjustment (28%) and many developed 'Good' Social Adjustment (47%). The intervention ensured healthy interpersonal

relationships, enhanced the social adjustment and changed the mood of the subjects to a cheerful one, which made them become closer with their friends and family.

TABLE XIV
SIGNIFICANCE OF DIFFERENCE BETWEEN MEAN
SOCIAL ADJUSTMENT OF THE SAMPLE

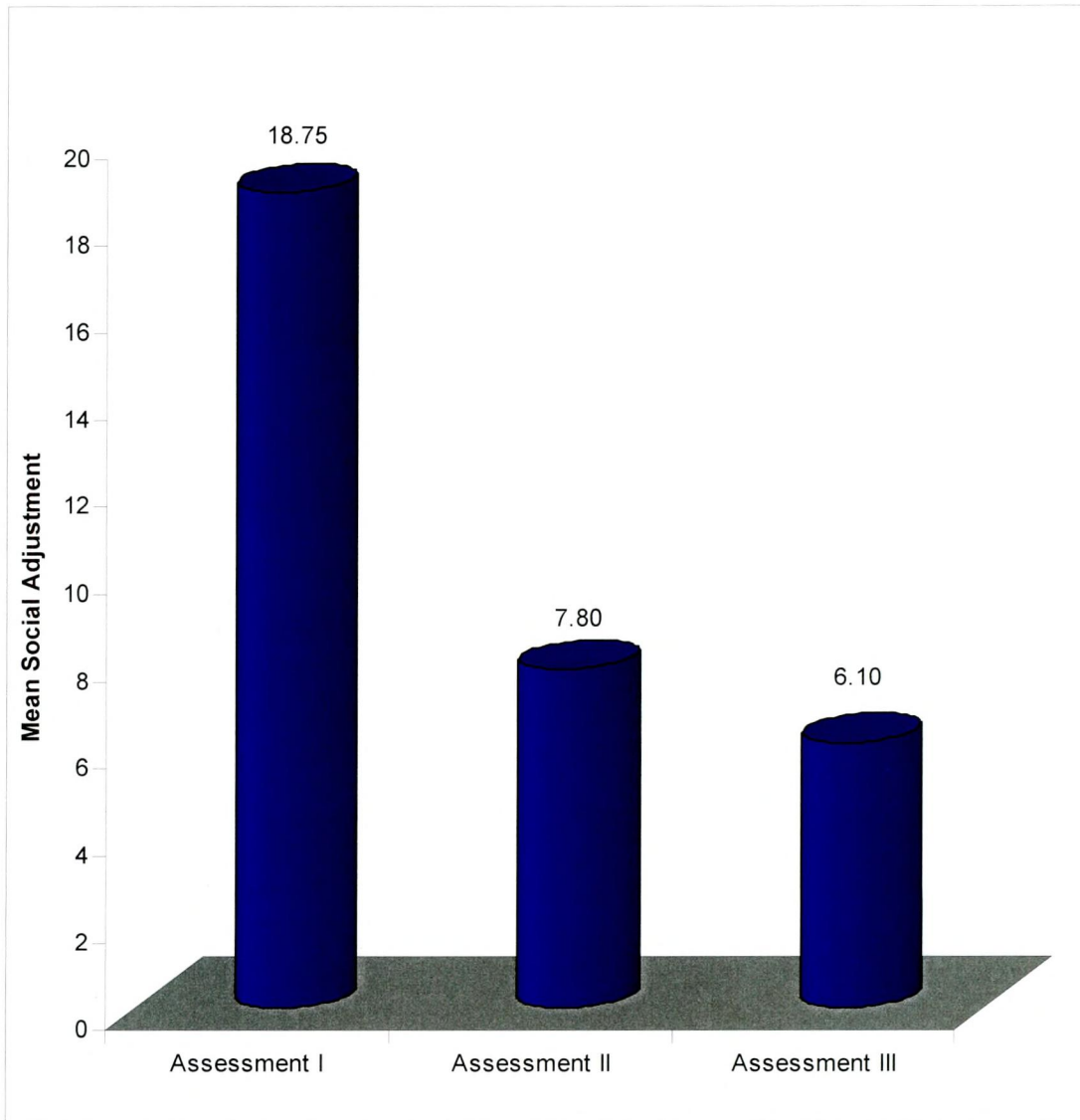
Treatment Condition	Mean	Standard Deviation	Critical Ratio
Assessment I	18.75	5.15	13.19*
Assessment II	7.8	5.25	
Assessment I	18.75	5.15	15.62*
Assessment III	6.1	4.95	
Assessment II	7.8	5.25	2.1**
Assessment III	6.1	4.95	

** Significant at 0.01 level*

***Significant at 0.05 level*

FIGURE XII
MEAN SOCIAL ADJUSTMENT OF THE SAMPLE

N = 79



During their college years, nursing students experience constant challenges and demands for adjustment and change. Along with academic pressures, they must take responsibility for themselves, must seek acceptance from their peers in a world of mixed values and begin more intimate relationships. When they come from townships outside the city, they are placed in unfamiliar surroundings, with crowded streets and other stressors endemic to a capital city. Thus, for these students, living in dormitories may cause more problems (Ross, Niebling and Heckert, 1999). Freshmen often arrive on campus feeling disconnected from others, especially if this is the first time away from home for an extended period of time and living with strangers (Grohol, 2008).

Table XIV clearly indicates that initially, the mean social adjustment was 'Average' ($M_1=18.75$), which changed to 'Good' after Positive Therapy ($M_2=7.8$ and $M_3=6.1$). The mean differences in social adjustment in Assessments I and II and Assessments I and III are statistically significant at 0.01 level. This enhancement in social adjustment is attributed to Positive Therapy, which leads to reject the null hypothesis, 'Positive Therapy will not help in enhancing the social adjustment of nursing students'.

The techniques of Positive Therapy, Smile Therapy and Laugh Therapy, made the sample shed their sadness and be cheerful. The Behavioural Assignments, 'Always have a smiling face', 'Enjoy the company of your friends' and 'Share your feelings with friends', made the subjects become friendlier and interact better with their classmates. They realized that good relationships make life enjoyable and hence, developed all the skills needed to develop it. They learnt to appreciate others and came forward to help them. On the whole, they were able to come out of their shells and develop healthy social adjustment.

Brooks, Mattanah, Ayers, Brand and Quimby (2008) who assessed the effects of an intervention programme in enhancing social adjustment in 184 first year nursing students (55 men and 129 women) found that the 9-week social support intervention programme enhanced social adjustment and reduced loneliness for students, both high and low in avoidant attachment. Male students reported better social adjustment and less loneliness than the female students.

TABLE XV
LEVEL OF EMOTIONAL ADJUSTMENT OF THE SAMPLE
BEFORE AND AFTER POSITIVE THERAPY

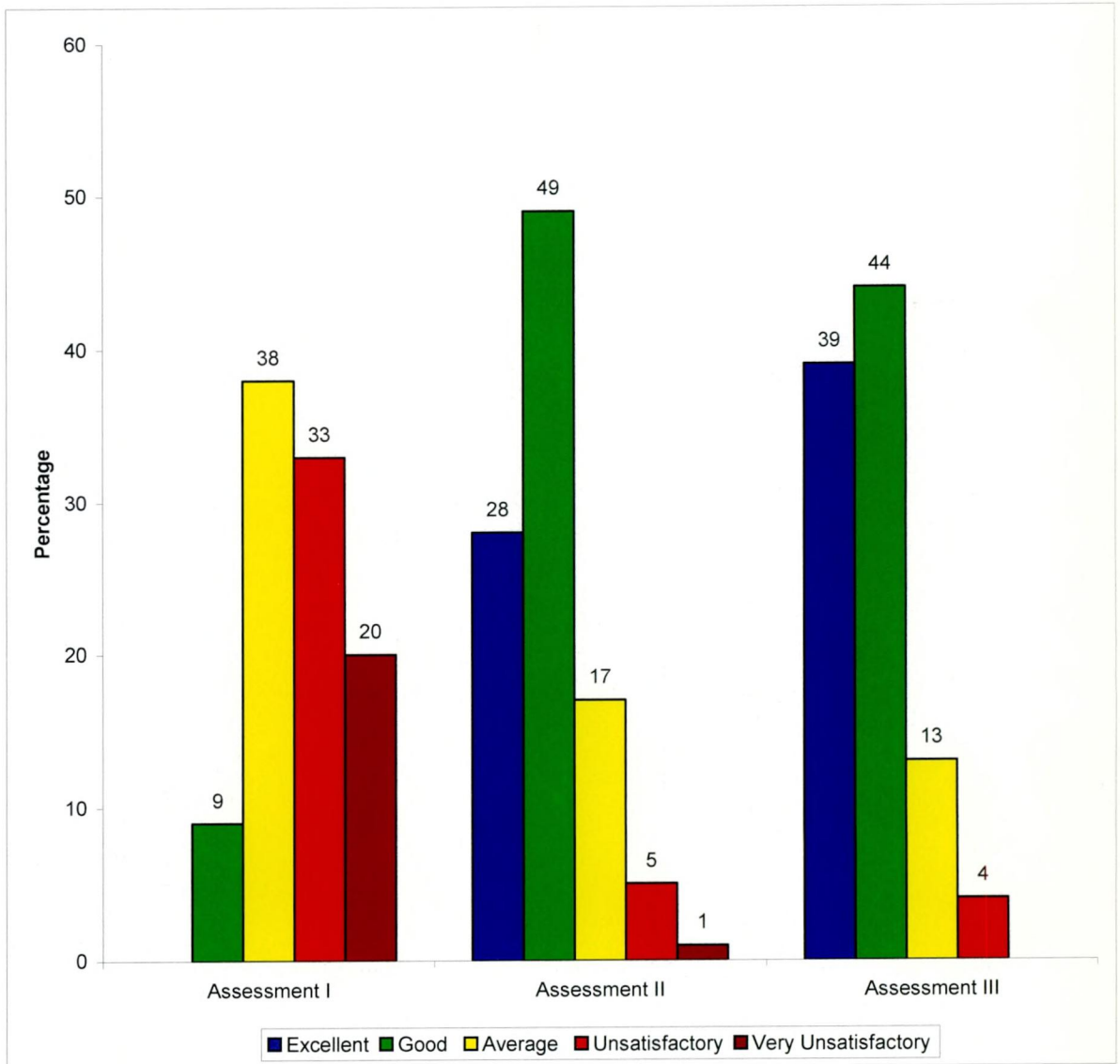
N=79

Level of Emotional Adjustment	Before Positive Therapy (Assessment I)		After Positive Therapy (Assessment II)		Follow-up (Assessment III)	
	N	%	N	%	N	%
Excellent (0-3)	-	-	22	28	31	39
Good (4-7)	7	9	39	49	35	44
Average (8-15)	30	38	13	17	10	13
Unsatisfactory (16-21)	26	33	4	5	3	4
Very Unsatisfactory (Above 21)	16	20	1	1	-	-
Total	79	100	79	100	79	100

FIGURE XIII

LEVEL OF EMOTIONAL ADJUSTMENT OF THE SAMPLE

N = 79



The coping patterns related to relatively poorer current psychological adjustments are all mechanisms involving negative thoughts about oneself and withdrawal from contact with others. These behaviours are quite different from those engaged in by nurses exhibiting good current adjustment (Leon, 2000).

Many people have difficulties adjusting to stressful events. As a result, they may have difficulty in their mood and behaviour, even several months after the event. Some, who have recently experienced a stressor, may be more sad or irritable than usual and feel somewhat hopeless. Others become more nervous and worried. And still others, combine these two emotional patterns (http://www.psychnet-uk.com/dsm_iv/adjustment_disorder.htm).

It is shocking to note from Table XV that initially, none of the subjects had 'Excellent' Emotional Adjustment; majority had 'Unsatisfactory'/'Very Unsatisfactory' Emotional Adjustment (53%) and only 9% had 'Good' Emotional Adjustment. This leads to the rejection of the null hypothesis, 'The emotional adjustment of nursing students is good'.

Individual Interview with the sample revealed that lack of self-confidence, insecurity and fear of failure were the causes of emotional maladjustment. Many of the subjects suffered from unexpressed negative feelings and unresolved emotional conflicts, which were very painful. All these led to 'Unsatisfactory' emotional adjustment.

A similar study conducted by Pohlmann, Jonas, Ruf and Harzer (2005) examined the extent of stress and burnout experienced by 161 fourth and fifth year dental nursing students from the three Universities of Dresden, Freiburg and Bern. Students from Dresden and Freiburg were more emotionally maladjusted. Ten per cent of the sample suffered from severe problems of emotional adjustment and exhaustion.

However, it is very convincing to find that after Positive Therapy, the Emotional Adjustment of the sample improved to 'Excellent' in 28% in Assessment II and in 39% in Assessment III. None of them had 'Very Unsatisfactory' Emotional Adjustment in Assessment III. Deep Breathing Practice improved the reasoning and problem solving abilities of the sample; Autosuggestion helped instill positive traits such as confidence and cheerfulness, which removed negative emotions such as anger and worry. Thus, Positive Therapy inculcated realistic perception of situations in the sample and helped them have self-enhancing, productive thoughts.

TABLE XVI
SIGNIFICANCE OF DIFFERENCE BETWEEN MEAN
EMOTIONAL ADJUSTMENT OF THE SAMPLE

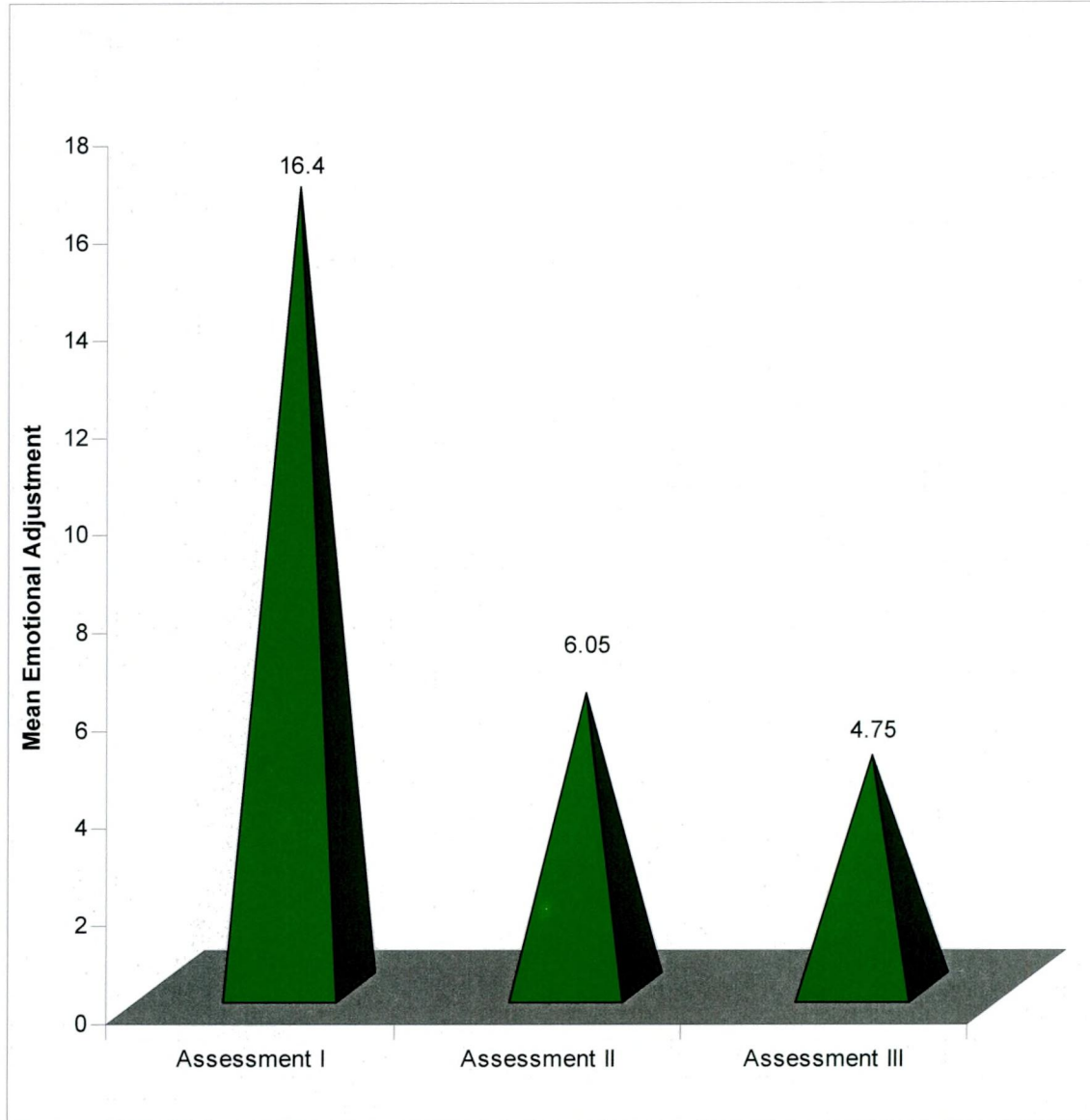
Treatment Condition	Mean	Standard Deviation	Critical Ratio
Assessment I	16.4	6.3	11.63*
Assessment II	6.05	4.8	
Assessment I	16.4	6.3	13.87*
Assessment III	4.75	4.1	
Assessment II	6.05	4.8	1.83
Assessment III	4.75	4.1	

** Significant at 0.01 level*

FIGURE XIV

MEAN EMOTIONAL ADJUSTMENT OF THE SAMPLE

N = 79



Emotional control and relaxation are skills that should assist controlling negative emotions. The ability to control negative emotions through activating arousal or relaxing is consistent with theoretical proposals (Bandura, 1997). The transition to college is marked by complex challenges in academic, personal-emotional and social adjustment. Some students find ways to make this transition constructively and adapt to college, whereas others feel overwhelmed and unable to effectively meet the demands of their new roles (Estrada, Dupoux and Wolman, 2006). Nursing students who enact multiple roles experience more role-related stress and thus, poorer psychological adjustment. Hence, it is reasonable to predict that it is also associated with role stress (Potts, 2000).

It is alarming to note from Table XVI that the mean Emotional Adjustment of the sample before Positive Therapy was ‘Unsatisfactory’ ($M_1=16.4$). Anyway, it is rewarding to find that after Positive Therapy, the mean rose to ‘Good’ ($M_2=6.05$ and $M_3=4.75$). The mean differences between Assessments I and II and Assessments I and III are statistically significant at 0.01 level, clearly proving the efficacy of Positive Therapy in enhancing the Emotional Adjustment of the sample. Hence, the null hypothesis, ‘Positive Therapy will not help in enhancing the emotional adjustment of nursing students’ is rejected.

Positive Therapy aims at modifying negative thoughts, beliefs, emotions and behaviour by using a number of techniques. Relaxation Therapy facilitated the sample to have clear thinking and increased their stress tolerance, thereby enhancing their emotional adjustment. Rational Emotive Therapy was very effective in eliminating the irrational beliefs of the subjects such as, “I won’t pass my exams”, “I am a burden to others”, “I won’t have a bright future”, which caused anxiety and worry in them. Cognitive Restructuring helped them develop positive thoughts. All these, helped to enhance the mean emotional adjustment of the sample.

TABLE XVII

MEAN AND S.D. OF DIFFERENT AREAS OF ADJUSTMENT

BEFORE AND AFTER POSITIVE THERAPY AND FOLLOW-UP

N=79

Variables	Conditions	Mean	S.D.	Before	After	Follow-up
Home Adjustment	Before	12.67	5.79		*	*
	After	5.77	2.89	*		**
	Follow-up	5.06	2.78	*	**	
Health Adjustment	Before	10.67	4.96		*	*
	After	5.16	3.61	*		**
	Follow-up	4.27	2.49	*	**	
Social Adjustment	Before	18.64	5.23		*	*
	After	8.25	4.99	*		**
	Follow-up	6.38	5.07	*	**	
Emotional Adjustment	Before	16.09	6.23		*	*
	After	6.00	4.62	*		**
	Follow-up	5.10	4.12	*	**	

**Significant at 0.01 level*

***Significant at 0.05 level*

TABLE XVIII

F VALUE FOR DIFFERENT AREAS OF ADJUSTMENT

N=79

Variables	Conditions	Sum of Squares	Mean Square	df	F
Home Adjustment	Between Groups	2790.56	1395.28	2	84.45*
	Within Groups	3866.03	16.52	234	
	Total	6656.58		236	
Health Adjustment	Between Groups	1900.01	950.00	2	65.01*
	Within Groups	3419.72	14.61	234	
	Total	5319.73		236	
Social Adjustment	Between Groups	6898.34	3449.17	2	133.11*
	Within Groups	6063.62	25.91	234	
	Total	12961.96		236	
Emotional Adjustment	Between Groups	5880.48	2940.24	2	114.41*
	Within Groups	6013.57	25.70	234	
	Total	11894.05		236	

**Significant at 0.01 level*

Table XVII gives the Mean and S.D. of different areas of Adjustment before and after Positive Therapy and follow-up. Before Positive Therapy, the mean adjustments in all the areas were 'Unsatisfactory'. However, after Positive Therapy, the mean adjustments in all the areas enhanced to 'Good'. There is a statistically significant difference in the mean adjustments between the three conditions. This indicates that Positive Therapy has played a beneficial role in enhancing the mean adjustment.

It is inferred from Table XVIII that the F value for the different areas of adjustment is statistically significant at 0.01 level. There is a marked improvement in the mean adjustments after Positive Therapy and in the follow-up. After Positive Therapy, the sample was able to establish better relationship with family and friends, had increased health consciousness and was able to manage their emotions more effectively than before.

TABLE XIX**SYMPTOMS REPORTED BY THE SAMPLE**

N=79

Symptoms	Before Positive Therapy (Assessment I)		After Positive Therapy (Assessment II)		Follow-up (Assessment III)	
	N	%	N	%	N	%
Confusion	47	59	30	38	20	25
Tiredness	43	54	15	19	9	11
Headache	41	52	20	25	13	16
Short Temper	29	37	17	22	11	14
Pain	27	34	11	14	6	8
Irritability	26	33	16	20	12	15
Restlessness	23	29	9	11	7	9

Anxiety is characterized by symptoms such as, worrying, fear of losing control, nervousness, trembling, sweating and elevated blood pressure. Anxious persons experience fatigue, headache, muscle tension and difficulty in concentrating (Atkinson, Atkinson, Smith, Bem and Susan, 2000).

Table XIX shows a clear picture of the various symptoms experienced by the sample; majority of the sample suffered from 'Confusion' (59%). There were a lot of medical terminologies and abbreviations that they had to understand. As they were from Tamil medium in their school, they found it difficult to comprehend the subjects in nursing, as they were taught in English. High anxiety also led to poor concentration, leading to confusion.

Windsor (2007) maintains that it can be bewildering when nursing students hear clinical specialists, colleagues or university lecturers using terms that are totally unfamiliar. It can be confusing for them, to get used to an abbreviation in one clinical area, only to find out that it means something completely different in another area.

Kiewra (2002) had also found that when nursing students were given numerous tasks, they became overwhelmed and did not understand the important points discussed in lecture. This resulted in having less than 50% of the information, which the instructor deemed as important.

Tiredness (54%) and Headache (52%) were the other symptoms experienced by majority of the subjects. Heavy workload, too many assignments and calculations made them suffer from headache and fatigue at the end of the day.

Short Temper (37%), Pain (34%) and Irritability (33%) were also experienced by some of the sample. When their expectations were not met, they were impatient and when it proved too much for them to cope, they became short-tempered. Since they were

nervous and apprehensive, they became moody, angry and irritated. Pain was primarily psychosomatic.

Rodgers and Tennison (2007)'s research on 426 nursing students' symptoms revealed that anxiety (49%), insomnia (31%), depression (27%) and behavioural symptoms (11%) were present in the sample. In addition, many had reported emotional symptoms (47%) during their first semester at college.

It is nice to observe that, in Assessments II and III, the symptoms of many of the sample had reduced to a great extent as a result of Positive Therapy. Relaxation Therapy helped the sample to be relaxed both physically and psychologically. This helped them perceive the anxiety-provoking situations in positive manner. Further, Exercises namely, Tension Releasing Exercise, Smile Therapy and Laugh Therapy helped them maintain a cheerful state and get rid off their symptoms.

TABLE XX

NEGATIVE EMOTIONS OF THE SAMPLE

N=79

Negative Emotions	Before Positive Therapy (Assessment I)		After Positive Therapy (Assessment II)		Follow-up (Assessment III)	
	N	%	N	%	N	%
Worry	65	82	40	51	30	38
Fear	38	48	30	38	17	22
Anger	36	46	25	32	16	20

According to Khan (2003), the emotions we exhibit are the result of the thoughts we have and they often reflect our character. Emotions can be strong or weak; they can be positive or negative. Emotions govern our behaviour to a very large extent. They are powerful driving forces.

It is distressing to find from Table XX that most of the sample suffered from 'Worry' (82%). They worried that professional success required lot of lifestyle modifications. Failure in studies and forthcoming exams were the reasons reported by the sample for their worry.

The next common negative emotion was 'Fear' (48%). In the counselling interviews, it was reported that apprehension of working with people who were totally new made them afraid. Fear was also due to the transition from study to profession and inadequate knowledge as to how to study and handle the situations effectively. As they were held responsible when things went wrong, they were anxious and nervous.

'Anger' was experienced by 46% of the sample. The overload and high demanding nature of their work made them feel frustrated, which was expressed as anger. Anger was also experienced because of the feelings of incompetence and inadequacy of skills, which was a source of embarrassment, leading to anger.

The result of this study is in line with that of Greenglass et al's (2003), which found that 488 nursing students, who were employed in hospital, frequently experienced anger and emotional exhaustion, which led to distress and negative attitude towards studies.

It is very pleasing to see that in Assessments II and III, there is a drastic reduction in the percentage of the sample experiencing negative emotions. The strategies of Positive Therapy were very helpful in bringing down the negative emotions of the

sample. Relaxation Therapy helped to make them calm and cool and perceive stressful and anxiety-provoking situations more objectively. Counselling helped them understand that negative thoughts gave rise to negative emotions, which resulted in more problems. Positive Therapy had thus helped the subjects to identify their negative cognitions and modify them.

The efficacy of Positive Therapy in managing the negative emotions was proved in yet another study conducted by Kalaivani and Rohini (2007) on 40 female students. The results indicated that 'Worry' (50%) and 'Anger' (45%) were the common negative emotions; fear was experienced by 20% of the sample. The research had also proved that Positive Therapy was very effective in bringing down the negative emotions in many of the sample.

TABLE XXI

CORRELATION BETWEEN OVERALL ADJUSTMENT AND ANXIETY

Variables	Mean	Standard Deviation	Correlation
Anxiety	20.8	1.48	0.47*
Overall Adjustment	58.3	1.17	

**Significant at 0.01 level*

Lack of previous learning experiences and lack of mastery in academic basics studied in elementary and middle school appear to contribute to adjustment problems (Chung, 2001). Nursing students face high levels of anxiety, especially in their first clinical experience. When student nurses suffer from anxiety, it decreases their ability to learn and retain information, as well as decreases confidence in their ability to function autonomously, thereby creating difficulties in adjustment (Audet, 1999).

According to Garrett (1985), for a sample of 79, the correlation should be 0.23 and 0.30 to be significant at 0.05 and 0.01 levels respectively. Table XXI shows that the correlation between anxiety and overall adjustment is positive and high (0.47), which is significant at 0.01 level. High score in MAI (Manifest Anxiety Inventory) indicates high level of anxiety, whereas high score on Bell's Adjustment Inventory indicates unsatisfactory adjustment. Hence, the correlation is positive. Anyway, it indicates that as anxiety increases, overall adjustment decreases. Therefore, the null hypothesis, 'There is no relationship between overall adjustment and anxiety' is rejected.

In this connection, it will be apt to quote Little (2007) who stated that people who suffer with anxiety often worry constantly and experience feelings of nervousness, restlessness and stress, without any reason. They may feel as if they are 'keyed-up' or 'on-edge' most of the time and become maladjusted. Often they are unable to relax and enjoy pleasurable experiences because of their persistent worry.

The results of the present study is similar to that of Brooks et al's (2008), who found that 88 nursing students (45 intervention participants and 43 control participants) high in anxious expectations had poor social and emotional adjustment, severe loneliness and depressive symptoms.

TABLE XXII**CORRELATION BETWEEN DIFFERENT AREAS OF ADJUSTMENT AND ANXIETY**

Variables	Mean	Standard Deviation	Correlation
Anxiety	20.8	1.15	0.38*
Home Adjustment	12.75	1.17	
Anxiety	20.8	1.15	0.35*
Health Adjustment	10.8	1.16	
Anxiety	20.8	1.15	0.07
Social Adjustment	18.75	1.82	
Anxiety	20.8	1.15	0.52*
Emotional Adjustment	16.4	1.17	

** Significant at 0.01 level*

It is seen from Table XXII that the correlation between home, health and emotional adjustments and anxiety are statistically significant at 0.01 level, leading to the rejection of the null hypothesis, 'There is no relationship between different areas of adjustment and anxiety'. Anyway, the correlation between anxiety and social adjustment is low and not significant.

On the whole, the results of the present study reveal that initially, most of the sample had 'High' anxiety. The most important causes of anxiety were difficulty of the course, periodical tests, insecurity about future, seeing blood and financial problems. The effects of anxiety in most of the subjects were poor performance, failure in exams, absenteeism and headache. It was also found that none of the subjects had 'Excellent'/'Good' overall adjustment; in fact, many of them had 'Very Unsatisfactory'/'Unsatisfactory' overall adjustment, as well as in specific areas such as, home, health, social and emotional.

Fortunately, after Positive Therapy, anxiety in most of the subjects had come down to 'Low' level and the mean differences in anxiety between the three assessments are significant at 0.01 level. With regard to adjustment, majority of the sample developed 'Good' overall adjustment and also in different areas such as home, health, social and emotional. The mean differences in overall adjustment and the different areas of adjustment in the three assessments are significant at 0.01 level. These results suggest the efficacy of Positive Therapy in the management of anxiety and enhancement of adjustment.