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Research Paper



Positive Psychology Intervention to Improve Well-being Among Nursing School Students Coming from Rural Background – A Pilot Study

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ABSTRACT

Healthcare professionals and providers have one of the most mentally draining jobs to exist and there needs to be measures taken to improve their mental state and well-being. Nurses are the backbone of healthcare facilities and they must be equipped with positive character traits necessary for the patients they see and also for themselves and their well-being. This intervention attempts to foster traits like gratitude, kindness, optimism, empathy and patience, thus improving well-being among nursing students from a tertiary healthcare center who come from a rural background. A sample of 20 nursing students was given activity-based intervention and their responses were taken in pre and post-tests. The test included General well-being scale and a self-made questionnaire to assess changes in the 5 positive psychology domains chosen by the author. 70 percent of the sample showed an increase in well-being scores. The intervention was successful and this study provides opportunities for future research.

Keywords: Well-being, Positive Psychology, Gratitude, Kindness, Empathy, Optimism, Patience

Positive psychology emerged in the late 1990s headlined by then president of the American Psychological Association, Martin Seligman. It focuses on eudiamonia (Greek term for good life) instead of the usual way of practice which focused on mental illness and put an emphasis on maladaptive behaviour and negative thinking. Martin Seligman and Mihaly Csikszentmihalyi define it as "the scientific study of positive human functioning and flourishing on multiple levels that include the biological, personal, relational, institutional, cultural and global dimensions of life". Positive psychology's central idea is the identification, development, and evaluation of interventions that aim to enhance well-being These interventions include, for example, savoring past or present pleasures, finding flow, setting valued goals, imaging one's best possible self, using signature strengths, being grateful for positive experiences, developing optimism, strengthening relationships, practicing kindness, developing grit, being courageous, engaging in post-traumatic growth, and practicing forgiveness.

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Well-being: the term popularly and usually relates to health, although philosophically it amounts to the notion of how well a person's life is going according to that person. Health is one of the constituents of well-being.

Gratitude is a state as well as a trait. It is an emotion quite similar to appreciation. The APA more specifically defines it as a sense of happiness and thankfulness in response to a fortunate happenstance or tangible gift. Gratitude has been found to be positively associated with social well-being, emotional well-being, and psychological well-being. State gratitude is an attribution-dependent or affective-cognitive state based on the ability to be empathic, resulting from both appraising a received benefit as a positive outcome as well as recognizing that this positive outcome stems from an external source. The grateful emotion promotes (upstream) reciprocity and prosocial behaviour. Trait gratitude can be viewed as a broader life orientation towards noticing and being grateful for all the positives in the world. Attention can be directed to the feeling of sufficiency/satisfaction, to the appreciation of the little things in life, and other people in our lives.

Kindness by definition is "a benevolent and helpful action intentionally directed towards another person, it is motivated by the desire to help another and not to gain explicit reward or to avoid explicit punishment." Otake, Shimai, Tanaka-Matsumi, Otsui, and Fredrickson (2006) describe kindness as combining three components namely, the motivation to be kind to others, recognition of kindness in others and engaging in kind behaviour in one's daily life. Their results suggested that happy people are more kind and that they can become even happier, kinder and more grateful by following simple positive psychology interventions.

Empathy, coined by Titchener as he adapted it from the German word "Einfühlung" has been a part of philosophical discussions since the time of "the beginning of philosophical thought" and yet is not a well-defined notion. It is understanding another's emotions through perspective-taking. Empathy has both cognitive as well as affective components. Cognitive empathy is the ability to understand others' feelings and affective empathy is the experience of emotion caused by an emotional stimulus (imagination can also evoke empathy). It is automatically elicited buy is also subject to top-down controlled processes.

Optimism in easy words, is expecting good things to happen to and around oneself. It happens to be an individual difference variable that reflects to what extent people hold generalized favourable expectancies for their future. Optimism has been linked with higher levels of engagement coping and lower levels of avoidance/disengagement, better subjective well-being in times of adversity and taking proactive steps towards protecting health, resilience in stressful life conditions and persistent goal setting.

Patience is the tendency to wait calmly in the face of adversity or frustration. The new 3-factor patience scale measures 3 different types of patience which are-interpersonal patience, patience in life hardships and patience in daily hassles. Patience originates in childhood during advancement from the pleasure principle to the reality principle. Attainment of secure attachment, object constancy and frustration tolerance also contribute to the origin of patience.

Aim

This study aims to develop an intervention based on positive psychology theories and concepts to increase well-being among nursing school students who come from a rural background.

Objective

- To evaluate well-being and 5 individual positive psychology concepts relevant to the field of nursing among the students by taking a pre and post-intervention test.
- To develop and provide an activity-based intervention.
- To analyse the results and find areas where more work and intervention is needed.

RESEARCH METHODOLOGY

Sample

A sample of 20 nursing students (all women) was taken i.e. purposive sampling was done. The sample was briefed about the study and presented with a pre-test that measured levels of their well-being and scores for gratitude, kindness, empathy, optimism and patience. These 5 domains were selected for the personal benefit of the students as well as due to their relevance in the field of nursing.

Instruments

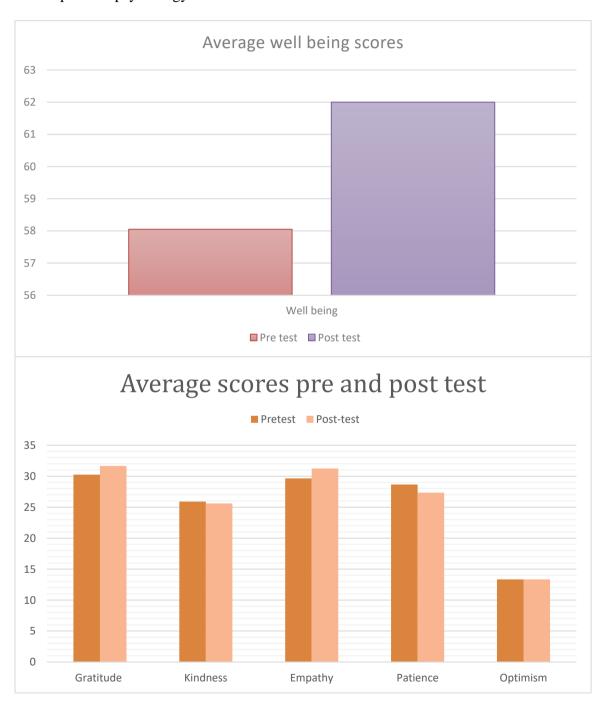
The pre and post-test questionnaire was developed by using items from the 18 item The General Well-being (GWB) schedule, The Gratitude Questionnaire-Six-Item Form (GQ-6), Optimism/Pessimism Instrument (OPI), Empathy Self-Assessment Questionnaire, Patience scale and a kindness v/s hostility questionnaire form. The questionnaire had to be translated into Marathi by the author for the ease and understanding of the sample chosen. Questions 1-18 were from the GQ-6 and consisted of 6 options with scores 0-5. Questions 1-24 in the next section used scale 1-7 where 1 stood for strongly agree and 7 for strongly disagree, 25-30 were scored on a scale 1-4 with 1 being strongly agree and 4 being strongly disagree. In this section, questions 3, 6, 7, 8, 9, 10, 11, 12, 19, 20, 21, 23, 26, 28 and 30 were reverse-scored.

Procedure

The sample was presented with the interventions for 5 alternate days. First day, the sample was briefed and given the pre-test following which they were introduced to the concept of gratitude and given homework to "write 3 things you are grateful for" every day for the rest of the duration of this study. Second day they were introduced to Kindness and the 'how' and 'why' of its importance in their personal and professional life as healthcare providers. They were asked to individually make a card for someone whom they felt like complimenting, thanking or appreciating. Papers and stationery were provided to them for this task. Third day the sample was introduced to the concept of Empathy and its importance in their professional life. They were explained the difference between sympathy and empathy, and were taught how to do the Trading Places activity to help them see and understand situations from different perspectives. On the fourth day, the sample was introduced to Optimism and explained how to change the unhelpful thought to a helpful thought and then to call-to-action. On the final day, the sample was explained the importance of patience and how to be more patient, under which came active listening, acceptance, mindfulness, journaling and time management, after which they were presented with the post-test.

RESULTS

Out of the 20 subjects, 70% showed an increase in wellbeing scores (14), 50% showed increase in gratitude (10), 45% in kindness (9), 65% in empathy (13), 45% in patience (9) and 20% in optimism (4). 40% of the subjects were found to have an increase in scores in at least 3 positive psychology domains out of the total 5.



DISCUSSION

Research has indicated that health professionals are at a significant risk from the negative effects of stressful and demanding workplaces. Nurses in particular are highly vulnerable to stress-related problems and burnout. They are frequently exposed to a multitude of significant stressors in their daily routines. These stressors could be heavy workloads, the

emotional toll of dealing with death, patients, and their families, conflicts with physicians and instances of discrimination. As noted by McVicar in 2003, many of these situations faced by nurses in their workplace cause a substantial negative effect in terms of their emotional labour.

This intervention seeks to support nurses in addressing these issues by introducing positive psychology practices during their student years, with the potential to enhance their well-being and offer assistance in their future roles as healthcare professionals.

The subjects chosen were students of Nursing School in a tertiary healthcare centre run by a voluntary and charitable organisation working to provide quality and affordable healthcare to the underprivileged in approximately 150 villages in the vicinity. The nursing school is equipped with residential facilities and admits 20 girls every year from nearby rural and tribal areas as well as occasionally a few from northeast India. These students either graduate to work in other hospitals in the city or go back and work as the only healthcare providers in their respective villages.

The sample consisted of unmarried girls from the first and second year of nursing aged 19 to 21 who educated primarily in the Marathi language and found it the preferred language for interaction over English and Hindi. As per the demographic data gathered, the sample currently lived on campus hostel and belonged to a mix of rural, semi-urban and tribal populations. Their parents were mostly involved in farming, labour work, auto-rickshaw driving and tailoring.

Pre-test scores for well-being inferred that the subjects fall under the 'distress' and 'stress problem' categories of the general well-being scale. During conduction of the intervention the sample was made familiar with positive psychology and given activities based on the 5 individual positive psychology domains. These domains were chosen by the author as gratitude, kindness, empathy, patience and optimism. The post-test well-being scores indicated subjects falling under 'stress problem' and 'marginal' categories thus showing an upward development. On analysis of the pre and post-tests, an increase of 5.98% is seen in the average well-being scores. Looking at the individual domains, a 4.63% increase in average gratitude scores and a 5.4% increase in average empathy scores is seen. The scores for kindness and optimism maintain a status quo while a marginal decrease is seen for patience. As seen in a study conducted by Khanna et al. (2019) participant conscience also plays an important role, as self-selected (self-nominated volunteers who may be inclined towards positive psychology interventions) individuals tend to gain more from positive psychology interventions as compared to those allotted a task or exercise. Since the sample for the present study was not self-selected, this explanation seems one of the few tenable explanations. Another reason could be due to the short period of conduction. One more possible reason is finding difficulty in understanding the questionnaire or grasping and putting into action the positive psychology concepts. The fact that the sample comes from a rural/semi-rural/tribal Indian background could have played a role in them not being able to apply this contextually Western concept. Ghosh et al. (2016) and Pandey (2011) state that efforts taken to study and investigate cultural variables unique to India like religion, caste system, family system, parenting styles and teacher-student relationships which are very different from the Western counterparts will help to counter issues such as the lack of generalizability of findings coming from Western countries due to cultural differences. Ghosh also gives an example that "gratitude" and "kindness" have a very different

presentation in India. Overt expression of gratitude is not expected in the Indian culture, especially in close relationships. Similarly, kindness intervention techniques linked to increasing well-being in the West like 'random acts of kindness' might not be very effective across all different sections of Indian society particularly lower socioeconomic groups who do not have much to give. Christopher (2014), Cornelissen (2014) and Misra (2014) stand by the statement that the positive psychology movement is still for the 'elite' and was started in the West and most of the established theories are based on Western models and findings. Concepts have a possibility to manifest themselves differently under various cultural contexts and further work is indeed required to make positive psychology applicable in Indian culture and socio-economic groups.

CONCLUSION

The intervention to increase well-being among nursing students coming from a rural background was successful and made a small but significant difference in their lives. Given the small sample size of the intervention, we classify it as a pilot study. This provides an opportunity for future research on a bigger scale and a longer duration with interventions that are created with the socioeconomic and cultural standing of the subjects in mind. There also is an opportunity for a longitudinal study.

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Conflict of Interest

The author(s) declared no conflict of interest.

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