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RESEARCH ARTICLE

VALUES IN HEALTH CARE AND WELL-BEING OF NURSING STUDENTS: A QUASI EXPERIMENTAL STUDY

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ABSTRACT

Background of the study: Majority of nursing students face burnout symptoms both in academic and clinical settings due to high demands of training. This leads to an imbalance in the state of well-being status of nursing students and causes physical and psychological illnesses. There is a need to integrate proactive strategies in nursing training to promote the well-being of nursing students. Positivity module is a way to improve the skills of self-care in nursing students and have a direct effect on patient care in future. **Objectives of the study:** The aim of the study was to explore the extent to which the “values in health care” selected module intervention enhances well-being status of nursing students. **Material and Methods:** A quantitative research approach and Quasi-experimental research design were used. Non-probability convenient sampling technique was used to select 60 nursing students. Questionnaire method was used to collect data by Singh and Gupta Well-being scale. Values in healthcare selected module positivity were given to the experimental group for 2 consecutive days. The duration of intervention was 5-6 hours in a day and post-test was done on the 7th and 21st day. The data analysis was done with descriptive and inferential statistics. **Results:** The findings of the study reveals that during the pre-interventional assessment the majority of nursing students had average well-being of 76.66% in the experimental group and 50% in the control group. In post-interventional assessment after 7 days, the majority of nursing students in the experimental group were in high well-being 63.34% whereas in control group majority was in average well-being 76.66%. In post-interventional assessment after 21days, the majority of nursing students in the experimental group were in high well-being category (60%) whereas in the control group in average well-being 73.34%. There was statistically significant difference between pre interventional assessment and post-interventional assessment $t=11.2336$, $df=29$, $p < 0.0001$ well-being status after 7 days in the experimental group at 0.05 level of significance. There was statistically significant difference between pre interventional assessment and post-interventional assessment $t=4.7355$, $df=29$ well-being status after 21 days in the experimental group at 0.05 level of significance. There was no statistically significant difference between pre-interventional assessment and post-interventional assessment on well-being status in control group after 7 days and 21 days at 0.05 level of significance. **Conclusion:** This study concluded that values in health care selected module positivity was effective in enhancing the well-being status of nursing students.

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INTRODUCTION

“If you have life and wellbeing, it is enough to be content.”

— Lailah Gifty

Well-being is a state of balance between challenges of life and resources available to adapt. According to Kloep, Hendry and Saunders: Whenever a crisis occurs in the life of an individual, there is a state of imbalance between the system of challenges

and resources. The individual is forced to adapt to meet the particular challenges in life.¹ Nursing nowadays is a demanding profession due to lack of skilled manpower and plenty of challenges.² Nursing is more focused on high tech high approach which results in burnout and dissatisfaction. The nursing students studying at university level experience more stress in academic as well as clinical performance. This is due to exposure of nursing students to diverse conditions in clinical settings.^{3,4,5} Stress has a deteriorating effect on well-being and adaptation.⁶ All these stressors ultimately increase morbidities,

such as generalized anxiety, physical illness, depression and other comorbidities. The positivity module is based upon the concept of having a positive attitude for self and others. Being positive leads to greater energy and satisfaction, enhanced clarity in decision-making and an increased sense of well-being.⁷ The literature available on positive beliefs⁸ shows that they are related to the meaning of life. Those individuals who have the meaning of life have a better quality of life and state of well-being. The high well-being leads to optimum quality of life. The positive beliefs result in positive attitude which further leads to positive behaviour. Positivity is the source of satisfaction and contentment in life. The researcher felt through her observation that the areas on competence of interpersonal and intrapersonal relations & learning/practicing of life values are generally ignored. Therefore, the reason for burnout in health care professionals especially nursing students is may be the lack of development and practice of values like positivity, compassion, creativity etc. during their training period. This positive behaviour or the skill of self-care will enhance self-esteem and confidence to deal with challenges of self and profession in a wide range of setting and patient needs. Some research studies also revealed that nursing students with positivity, resilience, compassion had better well-being status. Further, the main aim of educating and producing nurses is to provide quality care and holistic care to patients. The nurses who are competent or have skills about effective coping strategies can contribute to promoting quality patient care.

MATERIALS AND METHODS

A quantitative research approach, experimental, quasi-experimental research design was used to explore the extent to which the values in healthcare selected module intervention enhances the well-being status of nursing students. The present study was conducted in State Institute of nursing and paramedical sciences, Badal, Sri Muktsar Sahib, Punjab and College of Nursing, AIIMS, Sri Muktsar Sahib, Punjab. The nursing students were selected on the basis of convenience sampling technique. Sample consisted of 60 nursing students from selected nursing colleges those meeting the inclusion criteria were selected for this study. Following tools are used to measure variable under study.

It consists of two sections:

- **Section A:** Demographic data of the study participants which comprises of items seeking information pertaining to selected demographic variables such as age in years, study year in Post Basic B.Sc. nursing programme, diet pattern, religion, habitat, place of stay, type of family, family monthly income, time spent on social networking sites, meditation practice.
- **Section B:** Singh and Gupta well-being scale was used to assess well-being status in nursing students in selected nursing colleges of Punjab.

It comprised 50 items to measures the Physical, Mental, Emotional, Social and Spiritual wellbeing. It consists of 29 positive items and 21 negative items. The statements were developed on 5- point Likert scale i.e. Very much, Rather so much, Average, To some extent, Not so much with 5,4,3,2,1 respective scores. The maximum score was 250 and the minimum score was 50. Total administration time is approximately 10-15minutes. The scale has relatively high

internal consistency and stability. The reliability was established for the present study through split half method ($r=0.88$). Try out tool was done to ensure the reliability and understanding of the tool. Pilot study was conducted and the study was found to be feasible. Prior to administration of tool to participants all the questions and queries were discussed and sort out before actual data collection. An informed written consent form was signed by each subject before data collection. All the subjects were ensured that confidentiality and anonymity was maintained throughout the study. Permission was obtained from institutional ethical committee to carry out the study. Written Permission was taken from the GHRC, Mount Abu. The data was analyzed by statistical package for social sciences (SPSS) version 16. The p 0.05 level of significance was established as a criteria of statistical significance for all the statistical procedures performed. Appropriate descriptive and inferential statistics were used to analyse data as per purpose of the study.

RESULTS

Table 1 shows the socio demographic profile of the nursing students in selected nursing colleges of Punjab. Maximum subjects were in 23-24 years age group (53.33% and 60%) both in experimental and control group. More than half subjects had vegetarian diet pattern (57.73% and 50%) in experimental and control group. Maximum subjects had Sikh religion, hosteller place of residence, belongs to nuclear family, place of residence hosteller, doing meditation daily both in experimental and control group. Table no. 2 shows that during the pre-interventional assessment the majority of students in the experimental and control group were in average category i.e. 73.34% and 50%. mean score and SD in the experimental and control group was 164.96 \pm 12.01 and 158.8 \pm 21.69 respectively. Table no. 3 shows that during post-intervention after 21 days, majority of subjects in the experimental group were in 60% had high well-being and in the control group 73.34% subjects had average well-being 22 (73.34%) respectively. Post-interventional well-being mean \pm SD score was 178.233 \pm 9.1239 in the experimental group and mean \pm SD score 165.2667 \pm 10.46242 in the control group.

DISCUSSION

The study aimed to explore the extent to which the values in healthcare selected module intervention enhances the well-being status of nursing students. The findings represents that during the pre-interventional assessment the majority of students in the experimental and control group were in average category i.e. 73.34% and 50%. After 21 days, majority of subjects in the experimental group were in 60% had high well-being, while in the control group 73.34% subjects had average well-being. In the experimental group, pre-interventional mean \pm S.D was 164.96 \pm 12.01 and in control group, pre-interventional mean \pm S.D was 158.8 \pm 21.69, $t=1.3609$, $p=0.1788$ $df=58$ showing no significant results at the level of 0.05. The results show that after using unpaired t-test in the experimental and control group that in pre-intervention t was 4.7007, $df=58$, p -value <0.0001 which means that there was a statistically significant difference in well-being status in the experimental and control group after 21 days. Similar findings were found in a study conducted by Bhitakshi H.(2012) to assess the effectiveness of positive therapy on the management of stress, anger, depression and general well-being in 400 nursing students.

Table 1. Related to the frequency and percentage distribution of subjects according to demographic variables N=60

Demographic variables		Experimental		Control	
		n=30		n=30	
		F	%	F	%
Age in years	21-22	8	26.66%	5	16.66%
	23-24	16	53.34%	18	60%
	25&above	6	20%	7	23.34%
Study year of Post Basic programme	1 st year	15	50%	15	50%
	2 nd year	15	50%	15	50%
Diet pattern	Vegetarian	17	56.66%	15	50%
	Non-vegetarian	9	30%	13	43.34%
	Vegetarian with egg consumption only	4	13.34%	2	6.66%
Religion	Hindu	9	30%	5	16.66%
	Sikh	21	70%	23	76.67%
	Muslim	0	0%	0	0%
Habitat	Christian	0	0%	2	6.67%
	Rural	22	73.34%	20	66.66%
	Urban	8	26.66%	10	33.34%
Place of stay	Day scholar	14	46.66%	12	40%
	Hosteller	16	53.34%	18	60%
Type of family	Nuclear	19	63.34%	22	73.34%
	Joint	11	36.66%	8	26.66%
Family monthly income	Less than 10,000	4	13.34%	9	30%
	10,001-20,000	12	40%	6	20%
	20,001-30,000	9	30%	1	3.34%
	Above 30,000	5	16.66%	14	46.66%
Time spent on social networking sites	6-8 hours in a day	4	13.34%	4	13.34%
	3-5 hours in a day	9	30%	17	56.66%
	Less than 2 hours	17	56.66%	9	30%
Are you doing meditation daily	Yes	22	73.34%	11	36.67%
	No	8	26.66%	19	63.34%

Table 2. Related to the frequency and percentage distribution of pre-interventional well-being status in subjects N=60

Well-being status category Range (50-250)	Experimental group n=30		Control group n=30	
	F	%	f	%
Low (50-124)	1	3.34%	3	10%
Average (125-175)	22	73.34%	15	50%
High (176-250)	7	23.34%	12	40%

Table 3. Related to the frequency and percentage distribution of post-interventional assessment well-being status in subjects after 21 days N=60

Well-being status categories Range = 50-250	Experimental group n=30		Control group n=30	
	F	%	F	%
Low (50-124)	0	0%	0	0%
Average (125-175)	12	40%	22	73.34%
High (176-250)	18	60%	8	26.67%

Table 4. Related to the comparison of pre and post interventional well-being status of subjects in the experimental and control group after 21 days

Group	Well being score				Paired t-test		
	Pre- intervention		Post -intervention		df	t	P
	Mean	SD	Mean	SD			
Experimental	164.96	12.01	178.2333	9.1239	29	4.7355	<0.0001*
Control	158.8	21.69	165.2667	10.46	29	1.4657	0.1481 ^{NS}

Findings reveal that during the post-interventional phase the nursing students have general well-being good 55.5%, moderate 28.5 %, high 12.8%, low 3.0% and only 0.3 have very poor general well-being. The mean± SD score was 17.29±3.5, there was an increase in well-being in nursing students from 53.34% of to 69.16% after 21 days of intervention. Similarly, during follow up after 6 months the mean± SD score was 18.07± 2.75, there was an increase in well-being in nursing students from 53.34% to 72.28 %. Out of 400, 74.8 % have good general well-being, moderate 11.5%

and high 14% respectively which shows improvement in well-being score of students after positive therapy. The findings reveal that there was no association of the pre-interventional assessment of well-being with selected demographic variables of the experimental group. These demographic variables were age in years, study year of Post basic, diet pattern, religion, habitat, place of stay, type of diet, family monthly income, time spent on social networking sites, meditation practice. There was significant association according to the study year of Post basic programme, time spent on social networking sites in the control group. But after 21 days there was significant

association between well-being of nursing students and type of family both in the experimental group and control group after 21 days of intervention.

Conclusion

The findings of the study conducted on 60 nursing students revealed that in the pre-test majority of had average well-being 22(73.34%) and in the post-test majority of them were in high well-being 18 (60%) in the experimental group whereas in the control group majority of them 15 (50%) and 22 (76.6%) had average well-being in the pre and post interventional assessment respectively. So it can be concluded that the values in health care selected module –positivity is helpful in the enhancement of well-being in nursing students.

Implications and Recommendation

It is suggested that values in health care selected module positivity can be practised by the nurses and nursing students in hospital and rehabilitation centres. The nurse educators need to add positivity module as a proactive strategy in the nursing education programme to enhance well-being in nursing students and decrease chances of burnout in academic and clinical practice settings. Nurse Administrator can organize an awareness campaign related to the value of positivity for nursing staff and patients after regular intervals. Positivity module should be incorporated in in-service training of health care personnel as it is safe, cost-effective, easy to learn and economical in time. It has been recommended that similar studies could be replicated on a large sample on nursing students and other graduate and undergraduate students to validate and generalize its findings. An experimental study can be conducted with counselling on different samples with neurotic disorders and depression.

Glossary of abbreviations

S.NO.	ABBREVIATION	MEANING OF TERM
1.	n	Total number of sample
2.	df	Degree of freedom
3.	SD	Standard Deviation
4.	r	Reliability
5.	SE	Standard Error
6.	f	Frequency

Limitations

The study was limited only to nursing students from selected nursing colleges of Sri Muktsar Sahib of Punjab further restricts the generalization of the study to a particular setting.

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