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## RESEARCH ARTICLE

### PLANNED POSITIVE THINKING ON QUALITY OF SLEEP AMONG ELDERLY: A QUASI EXPERIMENTAL STUDY

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PSQI – Pittsburgh sleep quality index

#### ABSTRACT

**Background of the study:** Quality of sleep means sleep as one's satisfaction of the sleep experience, integrating aspects of sleep initiation, sleep maintenance, sleep quantity, and refreshment upon awakening and affected by anxiety and stress. Positive thinking has effects as self-confidence, self-efficacy and reduction of anxiety and stress. Individuals with positive thinking have a tendency to reduce anxiety and stress to enhance quality of sleep. This study will explore the effects of planned positive thinking selected on quality of sleep. **Objectives of the study:** The aim of the study is to assess the effectiveness of planned positive thinking on quality of sleep among elderly in selected old age homes of Punjab. **Material and Methods:** A quantitative research approach and a quasi-experimental research design was used. Non-probability convenient sampling technique was used to select 60 elderly. Questionnaire method was used to collect data by using Pittsburgh Sleep Quality Index (PSQI) scale. Planned positive thinking ( raj yoga meditation and muscle strengthening exercise) given to experimental group for 20 min. for 21 consecutive days and muscle strengthening exercise given to control group .**Results:** The findings of the study revealed that in experimental group the majority of subjects 30 (100%) had average quality of sleep whereas no one had good quality of sleep in the pre-test. And after the post-intervention majority of subjects in experimental group had average 17 (56.7%) quality of sleep, and 13 (43.3%) had good sleep quality. Whereas In control group, the majority of subjects 29(96.7%) had average quality of sleep and 1 (3.3%) had good quality of sleep. And after the post, the majority of subjects in control group 30 (100%) had average quality of sleep. In experimental group difference between pre-intervention  $11.23 \pm 1.524$  and post-intervention  $8.13 \pm 1.697$ , level of quality of sleep was statistically significant at 0.05 level but difference between pre-intervention  $11.133 \pm 1.756$  and post-intervention  $11.43 \pm 1.251$  level of quality of sleep of control group was statistically non-significant at 0.05 level of significance. **Conclusion:** This study concluded that planned positive thinking helps in slightly improve the quality of sleep of elderly.

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## INTRODUCTION

According to Karacan (1976) Sleep quality is defined as one's satisfaction of the sleep experience, integrating aspects of sleep initiation, duration, sleep maintenance, sleep quantity, and functioning upon awakening. Poor sleep adversely affects daytime mood and performance. In the general population, persistent insomnia has been associated with a high risk of developing clinical anxiety and depression.<sup>1</sup> Positive psychological interventions are solutions to promote sentiments, understanding and positive cognition as well as to enhance positive behaviors.<sup>2</sup> Positive psychological interventions include modalities or activities designed to

promote positive emotions, behaviors, perceptions, and knowledge, enhance well-being, and ameliorate the symptoms of depression.<sup>3</sup> Now a day's non-drug strategies have been recommended as first-line treatment in the management of some disease especially in case of insomnia.<sup>4</sup> The findings indicate that non-pharmacological interventions produce reliable and durable changes in the sleep patterns of patients with insomnia. An Australian study found 93.5% of insomnia problems were being managed with benzodiazepines, with the majority as ongoing treatment. The extensive use of these drugs will produce the adverse effect of over sedation, ataxia, confusion, respiratory depression, short-term memory impairment, hallucination, and depression.<sup>5</sup>

## MATERIALS AND METHODS

A quantitative research approach, quasi-experimental research design was used to explore the extent to which planned

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positive thinking to improve the quality of sleep of elderly. The present study was conducted in old age home, Bathinda and old age home, Sri Muktsar Sahib Punjab. The elderly were selected on the basis of convenience sampling technique. Sample consisted of 60 elderly from selected old age homes those meeting the inclusion criteria were selected for this study. Following tools are used to measure variable under study.

**Section A:** Demographic variables of the study subjects, includes such as age in years, sex, education, marital status, economical status, no. of children's, religion, reason for living old age home, addition habit, family history of sleep disorder.

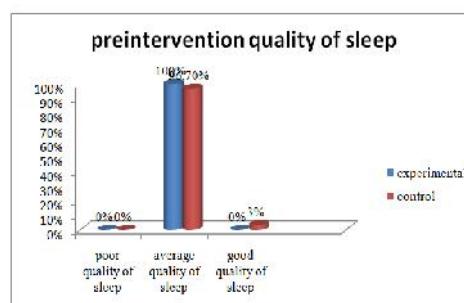
**Section B:** Pittsburgh Sleep Quality Index (PSQI) was used to assess quality of sleep in elderly in selected old ages homes of Punjab. It comprised 9 items to measures the quality of sleep. 9 items were divided into seven components (which are the only items that contribute to the total score). In scoring the PSQI, seven component scores are derived, each scored 0 (no difficulty) to 3 (severe difficulty). The component scores are summed to produce a global score (range 0 to 21). Higher scores indicate worse sleep quality.

## RESULTS

The findings of Table 1 represents that during pre-intervention 30(100%) elderly in the experimental group had average quality of sleep, whereas no one had high quality of sleep. The control group of elderly had average quality of sleep 29 (96.7%), and 1 (3.3%) in the high quality of sleep. The findings of Table 2 represents that during post-intervention after 21 days 13 (43.3%) elderly in the experimental group had a high level of quality of sleep while 17 (56.7%) had average level of quality of sleep.

**Table 1. Frequency and percentage distribution of pre-interventional quality of sleep among elderly in experimental and control group**

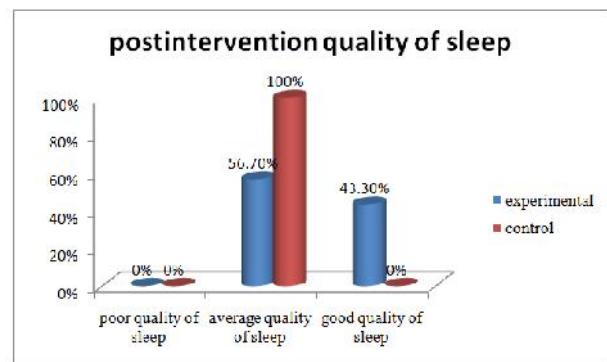
levels of quality of sleep	experimental group n=30		control group n=30	
	f	%	f	%
poor quality of sleep	00	00	00	00
average quality of sleep	30	100	29	96.7
high quality of sleep	00	00	1	3.3



**Figure1. Bar diagram showing pre-intervention level of quality of sleep among elderly in experimental and control group**

**Table 2. Frequency and percentage distribution of post-interventional quality of sleep among elderly in experimental and control group after 21 days**

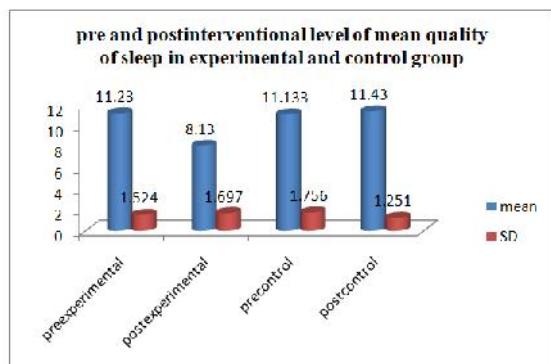
levels of quality of sleep	experimental group n=30		control group n=30	
	f	%	f	%
poor quality of sleep	00	00	00	00
average quality of sleep	17	56.7	30	100
high quality of sleep	13	43.3	00	00



**Figure 2. Bar Diagram showing post-interventional quality of sleep level after 21 days in elderly in the experimental and control group.**

Group	Pre-intervention	Post-intervention	paired 't' test
	mean ± standard deviation	Mean ± standard deviation	
Experimental (n=30)	11.23±1.524	8.13±1.697	t = 7.601*, df = 29
Control (n=30)	11.133±1.756	11.43±1.251	t = 0.884 NS, df = 29
unpaired 't' test	t = 0.236 NS, df = 58	t = 8.575*, df = 58	

NS - Non significant \*- significant, at 0.05 level of significance



**Figure 3. Bar Diagram showing a comparison of pre and post-interventional quality of sleep among elderly in the experimental and control group.**

The control group of 30(100%) elderly had average level of quality of sleep. Table 3and Fig. 3 depict the mean ± standard deviation, paired and unpaired 't' test values in the pre-intervention and post-intervention of the experimental and control group. In the pre and post-intervention of experimental, paired 't' value was 7.601\*, df=29 which was found significant at 0.05 level of significance then the research hypothesis i.e.  $H_1$ is accepted. So, there was statistically significant difference in mean pre- & post intervention of planned positive thinking in experimental group.In the post-intervention of experimental and control group, the unpaired 't' value was 8.575\*, df=58 which is found significant at 0.05 level of significance, the research hypothesis i.e.  $H_2$  is accepted, so there was statistically significant difference in mean pre- & post intervention of planned positive thinking in experimental group and control group at 0.05 level of significance.

## DISCUSSION

The study aimed to explore the extent to which planned positive thinking to enhance the quality of sleep among elderly.

The findings shown reveals that in experimental group, the majority of subjects 30 (100%) had average quality of sleep in pre-intervention and after intervention 13 (43.3%) elderly had a high level of quality of sleep while 17 (56.7%) had average level of quality of sleep. In the experimental, difference between pre-test  $11.23 \pm 1.524$  and post-test  $8.13 \pm 1.697$ , level of quality of sleep was statistically significant at 0.05 level but difference between pretest  $11.133 \pm 1.756$  and posttest  $11.43 \pm 1.251$  level of quality of sleep of control group was non-significant at 0.05 level of significance. Similar findings were found in a study conducted Roksana Partovinia, Ahmad Ashouri (2016)<sup>49</sup> An experimental study was conducted with the aim of examining the effectiveness of positive thinking training on quality of life in 30 married elderly women in Tehran in 2016. *Among the samples, 15 individuals were randomly assigned into experimental group and 15 individuals were randomly assigned into control group.* Then, the subjects were taught in 10 sessions, each 90 minutes, for one month, two sessions every week. The tool used for data collection WHO quality of Life Inventory. In experimental group, the mean pre-test and posttest quality of life of elderly was found to be mean  $\pm$  S.D was  $90.93 \pm 8.95$  and  $98.46 \pm 10.60$  whereas in the control group, the mean pre- test and post- test quality of life was mean  $\pm$  S.D was  $87.80 \pm 13.96$  and  $88.06 \pm 13.78$ . The results of the study found a significant relationship between experimental and control groups after implementing positive thinking training in case of mental health and quality of life in post-test. It concluded that positive thinking training increased mental health and quality of life in elderly married women.

## Conclusion

By helping the elderly to practice planned positive thinking (raj yoga meditation and muscle strengthening exercise) daily would help them to improve the quality of sleep. Studies have shown that positive thinking has effects as self-confidence, self-efficacy and reduction of anxiety and stress. So it can be concluded that planned positive thinking helps in improving the level of quality of sleep among elderly

**Implications and recommendation:** The findings of the study have several implications which were discussed under certain areas for the nursing profession i.e. nursing practice, nursing education, nursing administration, and nursing research. In all the areas nurses act as an educator, leader, organizer, counselor, and motivator. Community Health Nurse should educate elderly regarding factors of sleep disturbance and different types of methods to enhance sleep quality for examples yoga, meditation, dietary patterns and sleep habits to enhance sleep quality positive thinking can be practiced by the nurses and nursing students regarding quality of sleep in hospitals and rehabilitation Centers.

**Limitations:** The study was limited only to elderly from selected old age homes, Punjab further restricts the generalization of the study to a particular setting.

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