#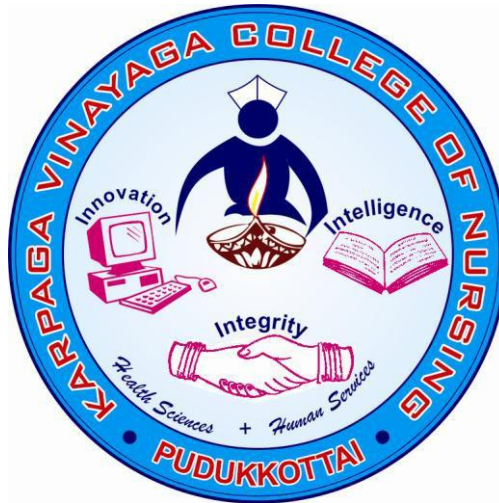 A QUASI EXPERIMENTAL STUDY TO EVALUATE THE EFFECTIVENESS OF LAUGHTER THERAPY ON LEVEL OF STRESS AMONG STAFF NURSES WORKING IN ONCOLOGY UNIT AT SELECTED HOSPITALS, IN TRICHY

By

REGNO301732351

A DISSERTATION SUBMITTED TO THE TAMIL NADU DR.M.G.R. MEDICAL UNIVERSITY, CHENNAI IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING

OCTOBER 2019

A QUASI EXPERIMENTAL STUDY TO EVALUATE THE EFFECTIVENESS OF LAUGHTER THERAPY ON LEVEL OF STRESS AMONG STAFF NURSES WORKING IN ONCOLOGY UNIT AT SELECTED HOSPITALS, IN TRICHY

CERTIFICATE

Certificate that this the bonafide work of **Ms.R.SARANYA**, KarpagaVinayaga College Of Nursing ,Pudukkottai submitted in partial fulfillment of the requirement for the degree of Master of Science in Nursing under the Tamil Nadu Dr.MGR Medical University ,Chennai.

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EXAMINERS:

1. ………………………………

2. ………………………………

………………………………………….

Prof.S.SUMITHRA, M.Sc. (N), M.Sc. (Y),Ph.D.,
    Principal
    Karpaga Vinayaga College of Nursing,
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TO WHOMEVER IT MAY CONCERN

This is to certify that the ethical committee of Karpaga Vinayaga College of Nursing has discussed with its members recording the topic **"A QUASI EXPERIMENTAL STUDY TO EVALUATE THE EFFECTIVENESS OF LAUGHTER THERAPY ON LEVEL OF STRESS AMONG STAFF NURSES WORKING IN ONCOLOGY UNIT AT SELECTED HOSPITALS, IN TRICHY"** during the year 2018-2019 adapted by Ms.R.SARANYA and its implications on study subjects for his thesis for M.Sc Nursing programme and the committee passed clearance for the same topic her to pursue.

ETHICAL COMMITTEE

ACKNOWLEDGEMENT

"Gratitude is miracle of its own recognition.

It brings out a sense of appreciation and sincerity of a being"

-**Auliqice**

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ABSTRACT

Stress is an unavoidable condition of life. Although we can't eliminate it, we can use our understanding of stress to control its effect and thereby enjoy more productive and satisfying life both at work and elsewhere. Some of the behavioral consequences for individuals experiencing chronic stress are sleep disorders, change in the eating habits, increased smoking, more alcohol consumption and nervous mannerism such as rapid speech, fighting and rudeness towards others. The most extreme cases of stress result in workplace violence. Where a person end up physically attacking or even killing co workers. Performance decline is perhaps the most studied behavioral consequence of stress. However optimal degree of stress is essential to obtain the proper performance. We all know that trying to eliminate stressful situations in our daily lives is wishful thinking. Therefore the real solution lies in learning how to cope with stress on a daily basis. One must voluntarily activate his /her Para sympathetic nervous system at the end of each day to drain off the stress and tension which accumulated during the day. When you are under stress your emotion is too high and it drains the energy. Energy exercises are necessary to boost up energy. The concept of laughter has been conceptualized from ancient times. One of the simple &easiest forms of energy exercise which is gifted from god for human being is laughter. Laughter reduces stress &tension thereby enhancing well being.

STATEMENT OF THE PROBLEM

"A QUASI EXPERIMENTAL STUDY TO EVALUATE THE EFFECTIVENESS OF LAUGHTER THERAPY ON LEVEL OF STRESS AMONG STAFF NURSES WORKING IN ONCOLOGY UNIT AT SELECTED HOSPITALS IN TRICHY".

OBJECTIVES

1. To assess the pretest and post test level of stress among staff nurses working in oncology unit in experimental and control group.

2. To evaluate the effectiveness of laughter therapy on level of stress among staff nurses working in oncology unit in experimental group.

3. To find out the association between the post test level of stress among staff nurses working in oncology unit with selected demographic variable in experimental group.

Conceptual frame work   :   Imogene Kings Goal Attainment Theory

Research design   :   Quasi Experimental, Non Randomized Control Group

Design

E   O1   X   O2

C   O1   -   O2

Population   :   Staff Nurses

Sample size   :   60 Staff Nurses with stress (30 in experimental group and

30 control group)

Sampling Technique :   Non probability purposive sampling technique

Setting   :   GVN Hospital and Harshamithra Hospitals in Trichy

Tool   :   Modified stress scale for oncology nurses

Data collection   :   The period of data collection was 6 weeks. The laughter

therapy was given for 20 minutes per day for 5 days to reduce the level of stress.

Data analysis   :   Descriptive Statistics (Frequency, Percentage, Mean and

Standard Deviation),and Inferential statistics (paired 't' test, unpaired 't' test, chi-square) were used to test the research hypotheses.

MAJOR FINDINGS OF THE STUDY

1. Staff nurses from experimental group had experienced mild and moderate level of stress compared from control group
2. There was a significant difference in the level of stress among staff nurses working in oncology unit after the administration in experimental group.
3. There was a significant association between the post level of stress with the selected demographic variables in experimental group.

CONCLUSION

1. Laughter therapy was simple and effective method for reducing the stress among staff nurses working in oncology unit.
2. Laughter therapy helps to relieve the stress and promote the well being among staff nurses working in oncology unit.

CHAPTER – I

INTRODUCTION

A good laugh heals lot of hurts.

-Madeleinel'Engle.

Stress is a universal experience. Stress is a part of being alive. Stress is a person environment interaction .Right from the time of birth till the last breath drawn; an individual is invariably exposed to various stressful situations. Individual requirement for stress reduction vary widely. Nurses are in a unique position to assist individuals in identifying adaptive coping strategies. Stress has reached epidemic proportion in today's society and efforts aimed at its control are essential.

The term stress was coined by Hans Selye in 1993.He defined stress as the nonspecific response placed upon the body that is common result of any demand.

Elakuvana Baskararaj(2011)stated that the word stress is used in two ways; the first refers to the subjective feeling of tension experienced in the physiological, mental, or spiritual realms as a response to environmental events that are perceived as threatening. The second use of the word commonly refers to those environmental events that result in internal feeling of stress.

Stress is a term that is used to define body's physiological and or psychological reactions, circumstances that requires behavioural adjustment. A stressful event or situation appears as a problem only when perceived as a threat by

the individual. Therefore the individuals stress perception is more important than the stress itself.

Michie(2002)stated that the stress is very close to occur daily and its believed to affect human health and well being. Over the decades, scholars have been defining stress in many different ways, but the general accepted definition is a situation where the resource of an individual are insufficient to cope with the external demands or pressure and this situation would then affect humans physiologically as well as psychologically.

Almost every individual undergoes any form of stress either in home or at workplace which creates an imbalance in the mental functioning.

Mohajan(2012)stated that stress would also occur at workplace renowned as occupational stress. Occupational stress is defined as hazardous physical and emotional response that occurs in consequence with situation where the demand of job exceeds workers capabilities. Occupational stress in industrialization would have grown at alarming stage since 40 years ago. Stress at work place, if in lower stage, would stimulate the working motivation among workers and as a result, the performance would increase. However a prolonged high level of stress could cause a workers mind and body to react in different way which would affect productivity.

Norgudist(2014) stated that stress factors at work place or better known as occupational stressors are important to be controlled in order to avoid negative impacts toward organizational business activities.

Narayanansathiya,Rafregruwaidha et,al (2014)stated that high exposure to stressful events among medical personnel may manifest itself in several different

outcomes including depression, anxiety, self doubt ,PTSD ,loss of sleep ,impairing immune function, elevation of cardiovascular risk factors, burn out and disturbed relationship with family.Knowledge about presence of stress is therefore important and if found should be given attention for timely intervention.

Samar.M.K et al., (2012) stated that stress is a well known and identified problem within the nursing profession .According to Atkinson, stress occurs when one is faced with events or encounters that they perceive as an endangerment to their physical or psychological wellbeing. Stress causes undesirable health among medical professionals like coronary disease, hypertension, headaches, asthma, peptic ulcers, and lower back pain. This, in turn, induces lower work productivity, job morale and other human resource management problems, such as higher absenteeism, lower job satisfaction, and higher turnover.

Brunner & Suddarth(2017)stated that cancer nursing practice cover all age groups and all nursing specialties and is carried out in variety of health care settings, including the home, community, acute care institutions & rehabilitation centers. Oncology nursing are as diverse and complex as those of any nursing specialty because many people associate cancer with pain and death. Nurses need to identify their own reaction to cancer and set realistic goals to meet the challenges inherent in caring for patients with cancer. In addition, the cancer nurse must be prepared to support the patient and family through a wide range of physical, emotional, social, cultural, and spiritual crisis.

Kamanzidakamarurzam(2017)stated that in case of nurses working in oncology unit, several circumstance such as critical decision making, managing the treatment having serious side effect, patient issue of anger and non compliance with

treatment monitoring patients having pain and suffering, terminal case, stressful situations experience in connection with the death of patients, emotional difficulties, with patient and conflict within the team can cause stress. Burnout syndrome often occurs as a respect of chronic work stress in these units.

Bergin(2005)stated that laughter make the blood vessels to expand, reduce tension in the blood vessels ,steps the blood flow thereby enhance the functioning of the heart.

Iran .J.Cancer Prev(2014) stated that laughter as a natural gift, play an important role in reducing stress, which is done by endorphin secretion resulting in mental and physical relaxation. Chronic stress impact limbic system and hypothalamus continuously and leads to adrenaline secretion resulting in mental and physical relaxation. Chronic stress impact limbic system and hypothalamus continuously and lead to adrenaline secretion and causes disruptions in immune system. Indeed, laughter balances sympathetic and parasympathetic system ; moreover, it functions as an anti stress. Further, laughter increases endorphin in brain. Endorphin seems to be most easily linked structure to morphine, both function in the exhilaration and lessening of pain.

Laughter is good for physical as well as mental health. We need to laugh more and seek stress reducing humor in our every life. Laughter is the human gift for coping and survival.

Neurophysiology indicates that laughter is linked with the activation of the ventral medial prefrontal cortex which produces endorphins. Scientist have shown that part of limbic system are involved in laughter & in emotion and which helps

with the functions necessary for human survival. The structures in laughter are the hippocampus and the amygdales.

A person tries to cope with the stressful situations of life using the defence mechanism of fight,flight ,freeze The oncology nurses tend to face a complex life which induces more amount of stress from the working place which cause a reduction in the work productivity & performance which in turn also has an impact on this family life .In order to overcome the work place stress laughter therapy is one of the effective way for the nurses to fight with stress. With this idea in mind, I have selected to this topic for my research study . Laughter therapy was found to be effective in promote relaxing &reducing stress of staff nurses working in oncology unit.

NEED FOR THE STUDY

Occupational stress is a recognized problem among health care workers. Nursing has been identified as a occupation that has high level of stress. It was found that job stress brought about hazardous impact not only on nurses health but also in their abilities to cope with job demands.

Understanding the meaning of the cancer experience of each individual patient is essential for the nurse to better assist survivors. Some patients may wish to return their normal lives as soon as possible. Such behaviour could potentially result in patients not attending schedule follow up appointments, other survivor may cancer advocate or few may act as active members of cancer support group. Still others may become allow their live to resolve around the cancer and may even become resistant to giving up the illness role.

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The new survey says nurses experience extreme level of stress and lack of sleep, due to 12 hours shift, high shift timings, poor diets, and heavy work load are some of the key contributors to the high stress levels. The national survey result indicated that the nurses are experiencing poor sleep patterns and have poor nutritional habits. For instance 64% of survey respondents said that they rarely get seven to eight hours sleeps a night, and only 17% able to achieve sleep, 77% don't regularly eat properly, which 31% rarely eat at lead two balanced meals per days. Balancing personal and professional lives also seemed to be an issues for respondent with 82% saying is difficult to strike a work left balance.

Stressful events, or crisis, are common part of life .They may be sociological or biological in nature, and there is often little that a person can do to prevent them. As the largest group of health care providers nurses are in an excellent position to help to promote healthy out come for people in time of crisis. Most occupational health and safety researchers agreed that psychological stressor was heavily exposed among nurses during their work routine.

According to Ayed et.al (2014) stated that dealing with death and dying is another factor which creates stress among nurses.

According to Robert et.al (2012) stated that psychosocial stressors refers to stressful working condition such as lack of control, long work hours, shift work, interpersonal conflict, Insufficient resources, poor reward system and inadequate structure of communication flow in hospital and other.

Nurses play an important role in healthcare team. Nurses provide day & night services 24 hours a day for the cancer patient compared to the other health care

professionals, Especially dealing with cancer client is emotionally a different circumstances than handling other health problems. Cancer patient are counting the day living. Because cancer is a killer disease in today's society. Nurses working in oncology need emotionally intelligence while taking care of patient & family with cancer. Nurses can perform the laughter therapy as an important technique for their individual health. Laughter is the effective way to reduce the stress level of nurses working in oncology unit. So the investigator has chosen to teach the laughter therapy for staff the nurses working in oncology unit &make them to practice this technique regularly to relieve their stress enhance coping level in health care setting.

STATEMENT OF THE PROBLEM

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1. To assess the pre-test and post-test level of stress among staff nurses working in oncology unit in experimental and control group.
2. To evaluate the effectiveness of laughter therapy on level of stress among staff nurses working in oncology unit in experimental group.
3. To find out the association between the post-test level of stress among staff nurses working in oncology unit with the selected demographic variables in experimental group.

HYPOTHESES

H1 **:** There will be a significant difference between the pre-test and post-test level of stress among staff nurses working in oncology unit in experimental group

H2 **:** There will be a significant association between the post-test level of stress among staff nurses working in oncology unit with the selected demographic variables in experimental group

OPERATIONAL DEFINITION

EVALUATE

In this study evaluate refers to the extent to which laughter therapy was found to be helpful in reducing the level of stress among staff nurse working in oncology unit.

EFFECTIVENESS

In this study effectiveness refers to change in the level of stress after administration of laughter therapy.

LAUGHTER THERAPY

In this study laughter therapy refers to the intervention that includes various type of laughter along with breathing exercise which will be given for 20 minutes per day for 5 days for staff nurses working in oncology unit.

STRESS

In this study stress refers to the reaction of response to any demand that is perceived as threatening to the staff nurses working in oncology unit.

STAFF NURSES WORKING IN ONCOLOGY UNIT

In this study staff nurses refers to the registered nurses working in oncology unit.

ASSUMPTION

- Staff nurse working in oncology unit will have certain level of stress.
- Laughter therapy will reduce the stress.
- Laughter therapy will improve the coping of individual.
- Laughter therapy is the natural stress reduction method.

DELIMITATIONS

- This study is limited to staff nurses working in oncology unit at selected hospitals in Trichy.
- This study is limited to 60 samples only.
- This study is limited to 6 weeks of data collection.

PROJECTED OUTCOME

- The study will enable to identify the stress among staff nurses working in oncology unit.
- The finding of the study will help the staff nurses to practice laughter therapy as a positive coping strategy.

CHAPTER – II

REVIEW OF LITERATURE

Review is a critical summary of research on a topic of interest, often prepared to put the research problem in the correct perspective or as a basic for an implementation of project.

-   **Polit and Beck**

Review of literature is an essential component of the research process. It is a critical examination of publication related to the topic of review should be comprehensive. It helps to plan and conduct the study in systemic and scientific manners.

For the present study, the related literature was review and organized under the following:

- Literature   related to stress
- Literature related to stress among staff nurses working in oncology unit.
- Literature   related to laughter therapy.
- Literature   related to effectiveness of laughter therapy on stress .

Literature related to stress

Olga Riklikiene.et al.,(2015)conducted a survey to investigate   work related stress, job satisfaction, and intent to leave : a survey among nurses in primary health care centres in Lithuanian. General practice and community care nurses from 4 primary healthcare centres of Kaunas city was participated in the survey .Extended nursing stress scale was administered to the samples. The result revealed that most frequent stressful

situations for nurses were related to patients death and dying, as well as to situations of patient care and communication with their relatives.

Divin Kumar KJ (2014) conducted a survey by making questionnaires containing perceived stress scale ,Copenhagen burnout inventory(CBI),and general health questionnaire(GHQ-28) to all 603 nurses posted in 33 goverment hospitals of central india.theresult revealed that 63 nurses (21%)had psychological distress .144 nurses (48.32%) had perceived stress scale about 17.nurses age and service well found to be negatively collected which stressors and burnout .proportion of the nurses with a high degree of burnout were 27.2%,9.4% respectively for personal ,work and client related burnout categories .More nurses employed in ICU ,maternity ward, general family wards, surgical ward ,and medical ward had will related burnout comparing with other wards.

K.Srinivasan (2014) conducted a descriptive study to investigate job stress among staff nurses in Villupuram District,Tamilnadu to describe the job stress prevailing among staff nurses employed. The sample consist of 50 staff nurse selected by random sampling technique .The data collected was systemically processed and analyzed .the study reveals that the majority(86%) of the respondents were female and were married .Majority(70%) of them was from the backward community and less than half(44%)of the respondents were from a rural back ground. The major finding of the study revealed that nearly half of the respondents experience high level of stress in the dimensions of individual ,job and organizational stressors. However, only 36% of the respondents experience high level of stress in the dimension of group stressors   .Finally, 46% of the respondent experience overall high levels of job stress .The researcher concluded that every health care institution should assess the degree of stress and analyze it to recognize the necessary action. Stress assessment has to be considered for meaningful implication.

Barry A .Farber (1987)has conducted a descriptive study to assess the sources and extent of satisfaction, stress and burnout in suburban teachers 365samples were selected .Researcher used 65 item liker type of teachers attitude survey(TAS).The research reveals that satisfaction consisted of experiences that make teachers feel sensitive to and involved with students as well as colleagues; stresses were related to excessive paperwork, unsuccessful administrative meeting ,and the lack of advancement opportunities in teaching. The study revealed that the majority of teachers surveyed had not lessened their involvement in their work and were still committed to teaching,20-25% appeared vulnerable to burnout, and 10-15% were already burnout. Most at risk were those teaching at a junior high school level. The researcher concluded that issues that were addressed with respect to burn out included teacher administrator relationship and teachers perceived lack of a psychological sense of community.

Reviewrelatedto literature stress among staff nurses working in oncology unit

Kama AzidaKamarulzaman et.al..,(2017) has conducted a cross sectional study to identify the level of perceived stress and also investigate the relationship between occupational stressors and perceived stress level among182 nurses in the cancer hospital, Malaysia. The data were collected by using self-administered questionnaire which consist of nursing stress scale and perceived stress scale .The result revealed that majority of the nurses perceived high level of stress and six variables namely workload, death and dying, inadequate preparation, lack of support ,conflict with physician and conflict with other nurse have relationship with occupational stress. The finding of the study concluded that lack of other staff support has the strongest influence on stress among nurses in cancer hospital, followed by conflict with physician.Its also recommended that strong and positive relationship between nurses ,supervisors, and physician, can decrease stress level among nurses.

WoonhwaKo(2016) conducted a descriptive, cross sectional study to identify stress level and stressful factors oncology nurses working in oncology outpatient unit and to explore coping behaviours of the nurses. The sample consists of 40 registered nurse and licensed practical nurses.The data were collected by used nursing stress scale, and a demographic questionnaire. The result that revealed more than half of respondents reported being moderately stressed .the study concluded that the outpatient oncology nurses experienced a moderate degree of in the work related stress. Hence nurses must be able to take care themselves to maintain their health conditions and to reduce or prevent stress at work. Outpatient oncology nurses should be nurtured and supported through tailored interventions at multiple levels for finding effective coping strategies and developing self-care competencies nurse can control their stress, become more satisfied, and improve life quality. Therefore, the quality of patient care and the retention of nursing staff likely will improve.

NevinOnan et.al.(2015)has conducted a descriptive study To find out the relationship between perceived stress, communication skills and psychological symptom among oncology nurse in oncology unit. The sample consist of 102 nurses working in oncology unit ,selected by convenience sampling technique. The data was collected through questionnaire form, perceived stress scale, communication skill assessment scale(CSAS) and brief symptom inventory(BSS).The study reveals that nurses received 16.85 point from PSS,73.34 point from CSAS and lastly 32.68point from BSI .84.3% of the nurses reported experiencing communication problems with angry and agitated patients. There was a negative correlation between PSSandCSAS.A positive correlation was found between PSS and BSI, and all other sub dimensions. The researcher concluded that improving communication skills of oncology nurses and interventions for their perceived stress level may have effects as promoting their own psychological health

as well as decreasing communicational difficulties with the patients and their families; and thus ,it may affect the quality of care.

Genifer Wenzel.(2011) conducted a qualitative descriptive study to determine the facilitator and barrier to managing patient loss from the combined perspectives of oncology nurses and to extract essential components of a supportive intervention. 34 nurses from in patients and outpatient adult and paediatric oncology units were selectedfrom comprehensive National Institute. Focus group were held with oncology staff nurses to identify challenges regarding work related bereavement ,current support for managing grief and loss, and how to support issues were numerous,multilevel and varied. However, addressing that concern can improve job satisfaction and decrease compassion fatigue. The findings lay the foundation for appropriate intervention to assist nurses in managing those situations.

Review of literature related to laughter therapy

Melikedemir(2015) conducted a study review was to determine the effects of laughter on anxiety,stress,depression, and quality of life in cancer patients. The review are done by randomized controlled trails and case reports from 2000-2018.The result of review revealed that that 41 studies related to laughter therapy on anxiety,stress,and depression and increase the quality of life in cancer patients.were found on pubmed,14 700 well found as goggle scholar research ,only 6 well met the establish review criteria. The study concluded that laughter therapy may decreases anxiety, stress and increase the quality of life in cancer patients .It also insists to conduct further work to find conclusive evidence.

Irene hatzipapas;et.al(2017) has conducted study laughter therapy as an intervention to promote psychosocial well being of volunteer community care workers

working with HIV affected families .the purpose of the study was firstly, explore the effects of working with orphans and vulnerable children(OVC) on the community care workers and second to establish the impact that laughter therapy has to positive combat stresses of working within the care workers environment.All the community care workers from a community based organization that provide care for HIV/AIDS infected and affected OVC and their families in the greater religion of Soweto,south Africa,took part in daily laughter session for one month. To assess the experience of participation of laughter therapy, seven community care workers agreed to participate in a mixed method assessment. Interview was conducted before and after the intervention using the interpretative phenomenological analysis as framework. As supportive data,a stress and anxiety and depression scale were added in the interview. Participant reported more positive emotions, positive coping, improved interpersonal relationship and improvement in their care work after exposure to laughter therapy. This study concluded that laughter therapy as a self care technique has potential as a low cost interventionstrategy to reduce stress and counter negative emotions among people working in highly emotional environments. .

ShadiFarifteh et al..,(2014) conducted a quasi experimental study find out the effect of laughter yoga as the cancer patient stress before chemotherapy in shohadatajrion hospital. Totally 37 cancer suffers who had been hospitalized were classified randomly In experimental and control group. . The result revealed that there is meaningful difference in the stress average before and after interference in the test group. The study concluded that laughter yoga can decrease the stress in cancer suffers before chemotherapy laughter play an important role in reducing stress..

MohasenYazadani(2014) conducted a quasi-experimental study on laughter therapy as an intervention to promote psychological wellbeing of volunteer community

care working with HIV affected families.Aim of the study were to define   the effect of laughter yoga on general health among nursing students.The purpose of the study was firstly , The sample consists of 38 male nursing students in the nursing and midwifery school of Isfahan University of Medical Science .in the study group ,eight 1 hr session of laughter yoga were held (two session a week),and in the control group,no intervention was conducted.the data was collected by Goldberg and hillers general health questionnaire .The study result reveals that a significant difference in the mean scores pre test mean 24.5 with 15SD.1and post test mean 13.9 with 9.2 SD of general health before and after laughter yoga intervention in the study and control. The researcher concluded that laughter yoga can be used as one of the effective strategies on student general health.

CONCEPTUAL FRAME WORK

Conceptual frame work for research study present measurement on which the purpose of the study are based. The frame works provide the perspective from which the investigator views the problem. The study was designed to evaluate the effectiveness of Laughter therapy on stress among staff nurses working in oncology unit.

The study was based on the concept practicing laughter therapy on stress among staff nurses working in oncology unit. The investigator adopted the modified Imogene king's goal attainment theory (1971). The theory is based on assumption that the human being are open system who are interacting constantly with their environment. Major concept in this theory of goal attainment are Interaction, Communication, Perception, Transaction, Role, Stress, Growth & Development, Time and Space.

The definition of these concepts are as follow:

Interaction

Human being all the systems are open in that there is a continuous exchange of matter energy and information. constant interaction with environment. In this study nurse explain the Laughter therapy among staff nurses working in oncology unit and get their consent for research.

Perception

According to king's it is the primary feature of personal system because it influence all over other behavior refer to a person's representation of reality. In this study staff nurses with different demographic variables (Age, Gender, Religion, Marital Status, Educational Status, Working hours, year of experience, type of family, family support)

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which influence their behaviors related to Laughter therapy and assessment of the pre testassessment of level of stress among staff nurses working in oncology unit.

Communication

It is the process in which two or more people exchange ideas fact, feeling, impression in a way of common understanding of meaning and are of message. In this study researcher administered Laughter therapy for staff nurses working in oncology unit directly by face to face interaction.

Transaction

It is a process of interaction in which human being communicate with the environment to achieve goal that are valued. In this study transaction means the change that takes place in the level of stress among staff nurses working in oncology unit.

Feed back

Feedback refers to environment response to system. In this study effectiveness of Laughter therapy will help for reduction of stress among staff nurses working in oncology un reduction in level of stress. The level of stress is categorized according to the feed back sas mild ,moderate &severe . post-test was conducted again after the completion of prescribed intervention period. In this present study the effectiveness of laughter therapy as an output process, this would show possible reduction in the level of stress among staff nurses working in oncology unit .Sample with severe level of stress alone will receive the laughter therapy again.

The model king's goal attainment, the best suited for this study which undertaken to determine the effectiveness of laughter therapy among staff nurses working environment.

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Interaction	→	Action & Communication	→	Transaction

Demographic variables like

(age,

Gender,

Religion,

Marital Status,

Educational Status,

Working Hours,

year of experience,

Monthly Income,

Type of family

Family support)

&

Pre test assessment of level of stress among staff nurses working in oncology unit.

Experimental group

Control Group

Administration of Laughter Therapy

No intervention

Assessing the post test level of stress among staff nurses after administration of Laughter therapy with help of modified perceived stress scale

Mild stress

Moderate Stress level

Severe Stress level

Feedback

Figure 1 : THE CONCEPTUAL FRAME WORK BASED ON MODIFIED IMOGENE KING'S GOAL ATTAINMENT THEORY (1971).

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CHAPTER – III

METHODOLOGY

Methodology of research designed to develop or refine method of obtaining, organizing or analyzing data.

-Polit and Beck

This Chapter describe the methodology followed to evaluate the effectiveness of the laughter therapy on stress among staff nurses working in oncology unit.

This phase of the study included research approach, design, the setting population, sample size and sampling technique, included research approach, design, the setting population and exclusive criteria for selection variable, development and description of tools, data collection and plan for data analysis.

RESEARCH APPROACH

A Quantitative evaluate research approach was adopted by the researcher to evaluate the effectiveness of Laughter Therapy on stress among staff nurses working in oncology unit.

RESEARCH DESIGN

Non randomized control group design was adopted for this study.

$$E \quad O_1 \quad X \quad O_2$$

$$C \quad O_1 \quad \text{-------} \quad O_2$$

E	-	Experimental group

C   -   Control group

O_1 -   Assessment of Pre test level of stress among staff nurses

Working in oncology unit in experimental group and control group.

O_2 -   Assessment of Post test level of stress among staff nurses

Working in oncology unit in experimental group and control group.

X   -   Administration of Laughter Therapy.

VARIABLE

INDEPENDENT VARIABLE   **:** Laughter Therapy

DEPENDENT VARIABLE   **:** Level of Stress

SETTING OF THE STUDY

This study was conducted in GVN Multi Speciality Hospital and Harshamithra Cancer Centre hospital in Trichy.

POPULATION

The population for this study was staff nurses working in oncology unit.

TARGET POPULATION

The target population of the study was staff nurses with stress.

ACCESSIBLE POPULATION

The accessible population of the study was the staff nurses who are working in the oncology unit at selected hospitals in Trichy.

SAMPLE

The sample was staff nurses working in oncology unit in Trichy, who fulfilled the inclusion criteria.

SAMPLE SIZE

Sample size for the study consists of 60 staff nurses. 30 samples were assigned to experimental group and 30 samples were in control group.

SAMPLING TECHNIQUE

Non probability purposive sampling technique was adopted for this study.

CRITERIA FOR SAMPLE SELECTION

INCLUSION CRITERIA

Staff nurses who were,

- Both male and female working in oncology unit
- Providing care for patient in oncology unit more than one year.
- Available at the time of Data collection.
- Willing to participate in this study.

EXCLUSION CRITERIA

Staff nurses who were,

- Regularly performing any other Relaxation Therapy.

- Pregnant during the time of data collection.

DESCRIPTION OF THE TOOL

The research tool was developed by doing extensive literature review. The primary and secondary source of literature were reviewed to develop an appropriate tool. Experts has given their opinion and valuable suggestions to develop the research tool.

SECTION- A:

DEMOGRAPHIC VARIABLES

It consist of demographic variables of staff nurses working in oncology unit which include as Age, Gender, Religion, Marital Status, Educational Status, working hours, year of experience, monthly income, type of family and family support.

SECTION-B:

It consisted of Modified perceived stress scale to assess the level of stress among staff nurses working in oncology unit.

SCORING PROCEDURE AND SCORING INTERPRETATION

Modified perceived stress scale consist of The tool comprised of 25 items. The questions were on five point rating scale . Each item had a score of 0 – 4 depending on the level of stress and that was interpreted as never – 0, rarely – 1, Sometime – 2, Often – 3, Always – 4, The minimum and maximum score – 0 – 100 respectively.

The modified perceived stress scale for oncology nurse consisted of 25 items. The total score was converted into percentage and the resulting score was categorized as follows,

Level of stress	Score	Percentage
Mild stress	0 – 24	1 – 24%
Moderate stress	25 – 49	25 – 49%
Severe	>50	>51-100 %

VALIDITY AND RELIABILITY OF THE TOOL

VALIDITY

The validity of the tool was established by consultation with guide and five experts in the field of mental health nursing, one in the field of psychiatry, one in the field of laughter therapy, and one in the field of statistics. The tool was modified according to the suggestions and recommendations given by them.

RELIABILITY

Reliability of the tool were correlated reliability was found to be r = 0.9 and the tool was found to be reliable.

PILOT STUDY

A pilot study was conducted in GVN hospital and Mambalasalai multi speciality hospital Trichy for a period of one week. A total of 6 samples of staff nurse were selected (3 experimental group and 3 control group.) The sample were selected by purposive sampling technique. Informed verbal consent was obtained from the samples. The pre test was conducted with both groups and laughter therapy was demonstrated in a calm and quite environment in experimental group. Each day the samples were made to practice laughter therapy for about 20 minutes in the presence of the researcher. The post test was conducted with both groups on the 5th day of intervention. There was no modification done in the study and the pilot study samples were excluded from the main sample for the data collection. The data collection was amenable to statistical analysis and thus the study was found to be feasible and practicable, for conducting the main study.

DATA COLLECTION PROCEDURE

The study was conducted at GVN multi specialty hospital and Harshamithra cancer hospital in Trichy. Prior Permission was obtained from the samples were the selected by purposive sampling technique based on sampling criteria. Introduction about investigator was given to samples. Verbal consent was obtained and confidentiality was assured. The total of 60 samples (30 in experimental and 30 in control group) were selected by non probability purposive sampling technique. The pretest was conducted with both the groups laughter therapy by using perceived stress scale. After the pretest Laughter therapy was demonstrated to experimental group in a calm and quite environment daily. The duration of the procedure was 20 minutes and the sample s were made to practice the technique daily in the presence

of researcher. The post test was done for the both the groups on 5^{th}day of intervention.

ETHICAL CONSIDERATION

The dissertation committee prior to the pilot study approved the study. Permission was obtained. The verbal consent was obtained from each participant of study before starting the check data collection. The Staff nurse were informed that confidentially will be maintained throughout the study.

PLAN FOR DATA ANALYSIS

➢ The collected data were arranged and tabulated to represent the findings of the study. Both descriptive and inferential statistics were used.

➢ Frequency and percentage distribution was used to analyze the demographic variables.

➢ Mean and standard deviation was used to analyze the level of stress.

➢ Paired "t" test and unpaired "t" was used to find out the difference between pre test and post test level of stress between the experimental group and control group.

➢ Chi square test was used to find out the association between post test score on level of stress among staff nurses in experimental group with the selected demographic variables.

RESEARCH DESIGN

Quasi experimental non randomized control group design

Population –staff nurses of age between 25-45 years
Sample size:60(30 in experimental and 30 in control group)

Demographic variables:

Age

Gender

Religion

Marital status

Educational status

Working hours

Year of experience

Monthly income

Type of family

Family support

Setting

Trichy

Experimental group

Control group

Tools

demographic variables modified perceived stress scale

Data collection procedure

Experimental group

Control group

Pre test assessment of level of stress

Laughter therapy

No intervention

Post test assessment of level of stress

Data analysis

Descriptive and inferential statistics

Fig:2 schematic representation of the research methodology

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CHAPTER - IV

DATA ANALYSIS AND INTERPRETATION

The analysis is a process of organizing and synthesizing the data in such a way that the research question can be answered and hypotheses tested.

- DeniseF. Polit.

This chapter deals with analysis and interpretation of date collected from 60 staff nurses working in oncology unit at selected hospitals inTrichy.

The obtained data were classified and analyzed by using descriptive and inferential statistical based on the objective of the study.

OBJECTIVES

1. To assess the pre test and post test level of stress among staff nurses working in oncology unit in experimental and control group.
2. To evaluate the effectiveness of laughter therapy on level of stress among staff nurses working in oncology unit in experimental group.
3. To find out the association between the posttest level of stress among staff nurses working in oncology unit with the selected demographic variables in experimental group.

ORGANIZATION OF DATA

Section A : Description of Demographic variables of the staff nurses working in oncology unit in experimental and control group.

Section B : Assessment of the pre test and post test level of stress among staff nurses working in oncology unit in experimental and control group.

Section C : Comparison of pre test and post test level of stress among staff nurses working in oncology unit in experimental and control group.

Section D : Association of post test level of stress among staff nurses working in oncology unit with the selected demographic variables in experimental group.

SECTION A: DESCRIPTION OF DEMOGRAPHIC VARIABLES OF THE STAFF NURSES WORKING IN ONCOLOGY UNIT IN EXPERIMENTAL AND CONTROL GROUP.

Table 1: Frequency and percentage distribution of demographic variables of the staff nurses working in oncology unit in experimental and control group.

N = 60 (30 + 30)

S.No	Demographic Variables	Control group (n=30)		Experimental group (n=30)	
		Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
1.	Age (in years)				
	a. 25 – 30 years	27	90	27	90
	b. 31 – 35 years	3	10	2	6.67
	c. 36 – 40 years	0	0	1	3.33
	d. Above 41 years	0	0	0	0
2.	Gender				
	a. Male	0	0	0	0
	b. Female	30	100	30	100
3.	Religion				
	a. Hindu	24	80	27	90
	b. Christian	1	3.33	3	10
	c. Muslim	5	16.67	0	0
	d. Others	0	0	0	0

4	Marital status				
	Married	27	90	22	73.33
	Un married	3	10	8	26.67
	Divorced	0	0	0	0
	Separated	0	0	0	0
5.	Educational Status				
	a. Diploma	18	60	26	86.67
	b. UG	12	40	2	6.67
	c. PG	0	0	2	6.67
6.	Working Hours				
	a. 6 hrs/day	0	0	1	3.33
	b. 8 hrs/day	21	70	13	43.33
	c. 10 hrs/day	9	30	16	53.33
7.	Year of Experience				
	a. 2 – 3 years	26	86.67	27	90
	b. 4 – 6 years	4	13.33	1	3.33
	c. >6 years	0	0	2	6.67
8.	Monthly Income				
	a. < Rs.10,000	27	90	28	93.33
	b. Rs.10,000 – 15,000	3	10	2	6.67
	c. More than 15,000	0	0	0	0

9.	Type of family				
	Nuclear	21	70	9	30
	Joint	9	30	21	70
10	Family Support				
	a. Adequate	29	96.67	26	86.67
	b. Moderately Adequate	1	3.33	4	13.33
	c. Not Adequate	0	0	0	0

The table 1 reveals that in the experimental group, majority 27(90%) were in the age group of 25 – 30 years, 30(100%) were females, 24(80%) were Hindu, 27(90%) were married, 18(60%) were Diploma, 21(70%) had 8 hrs working hours, 26(86.6%) were 2 – 3 years of experience, 27 (86.6%) had .less than10,000 Rs as their monthly income, 21(70%)were belongs to nuclear family and 29(96.67%) had adequate family support.

Whereas in the control group, majority of 27(90%) were in the age group of 25 – 30 years, 30(100%) were females, 27(90%) were Hindu, 22(73.33%) were married, 26(86.6%) were diploma, 16(53.33%) had10 hrs working hours, 27(90%) were 2 – 3 years of experience, 28(93.33%) had< Rs.10,000 monthly income, 21(70%) belong to joint family, and 26(86.6%) had adequate family support.
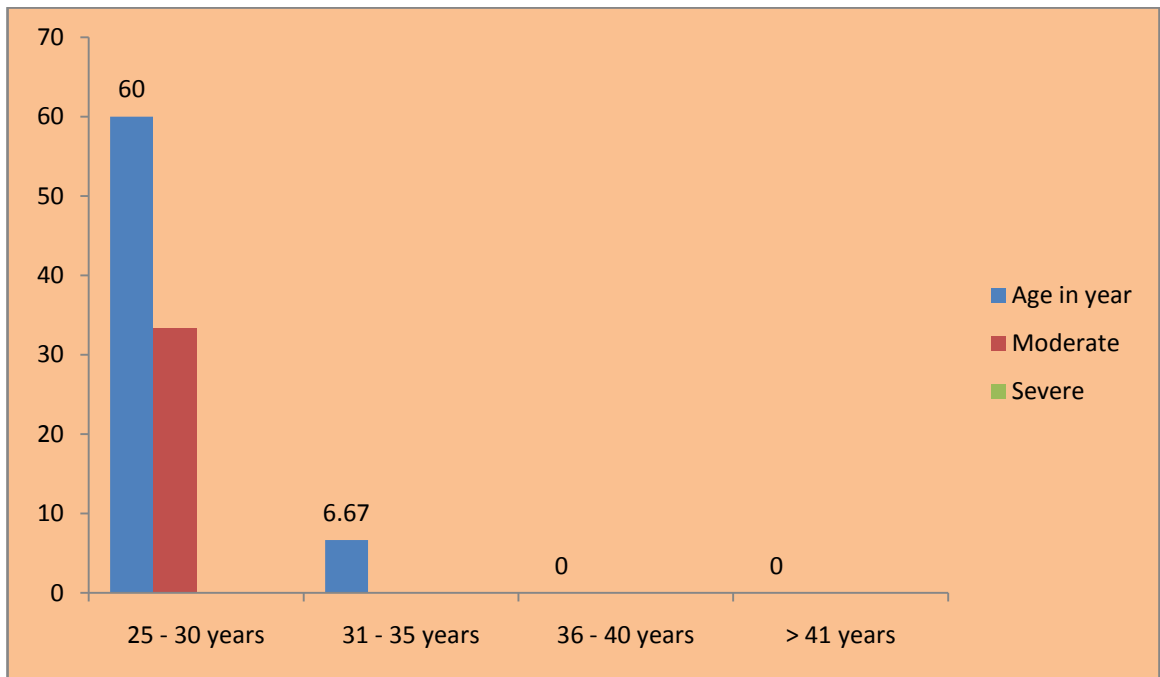
Figure3: Percentage distribution of age in year among staff nurses in the experimental group
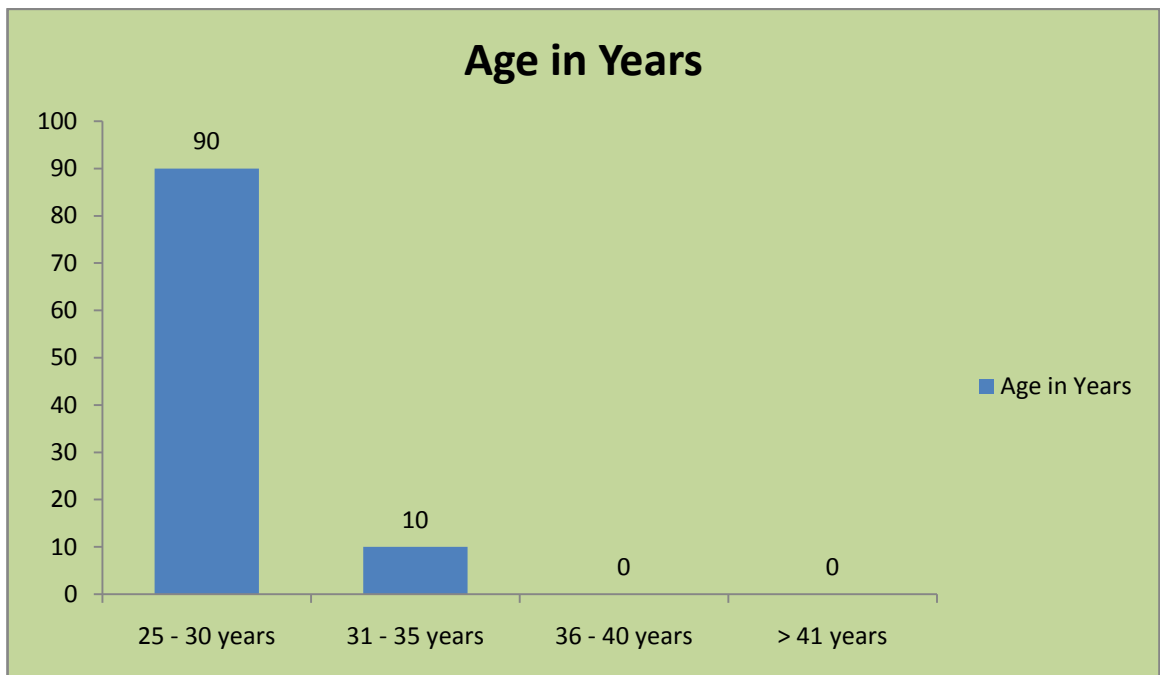
Figure 3:Percentage distribution of age in year among staff nurses in the Control group
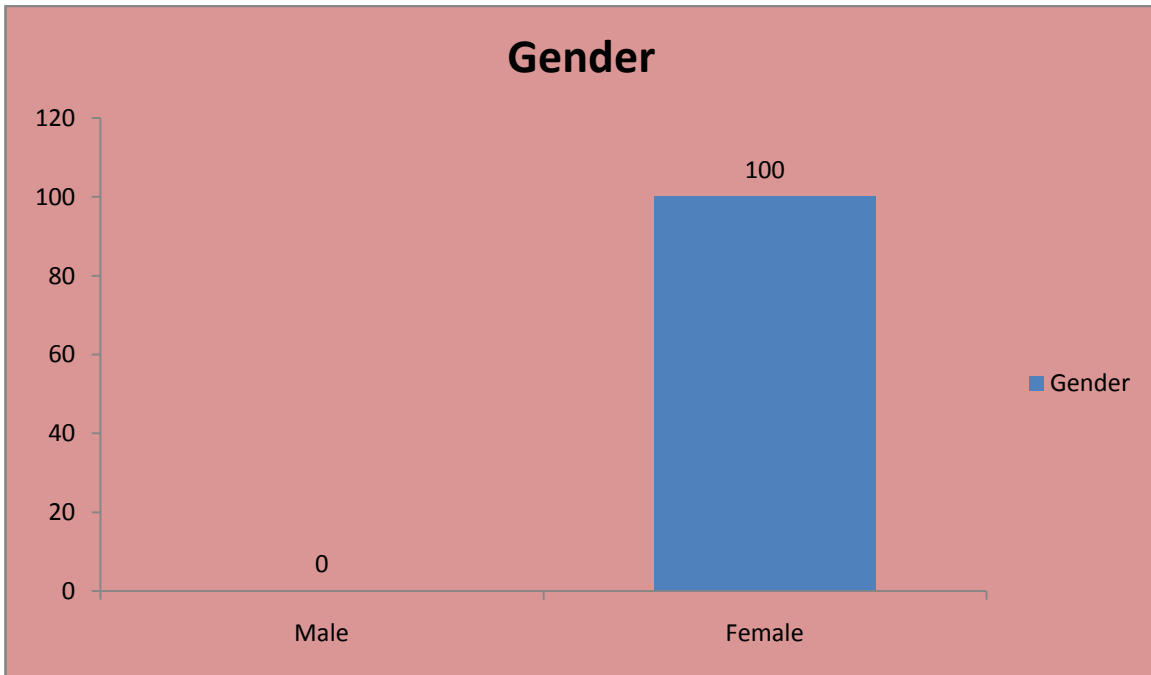
Figure 4: Percentage distribution of Gender among staff nurses in the experimental group
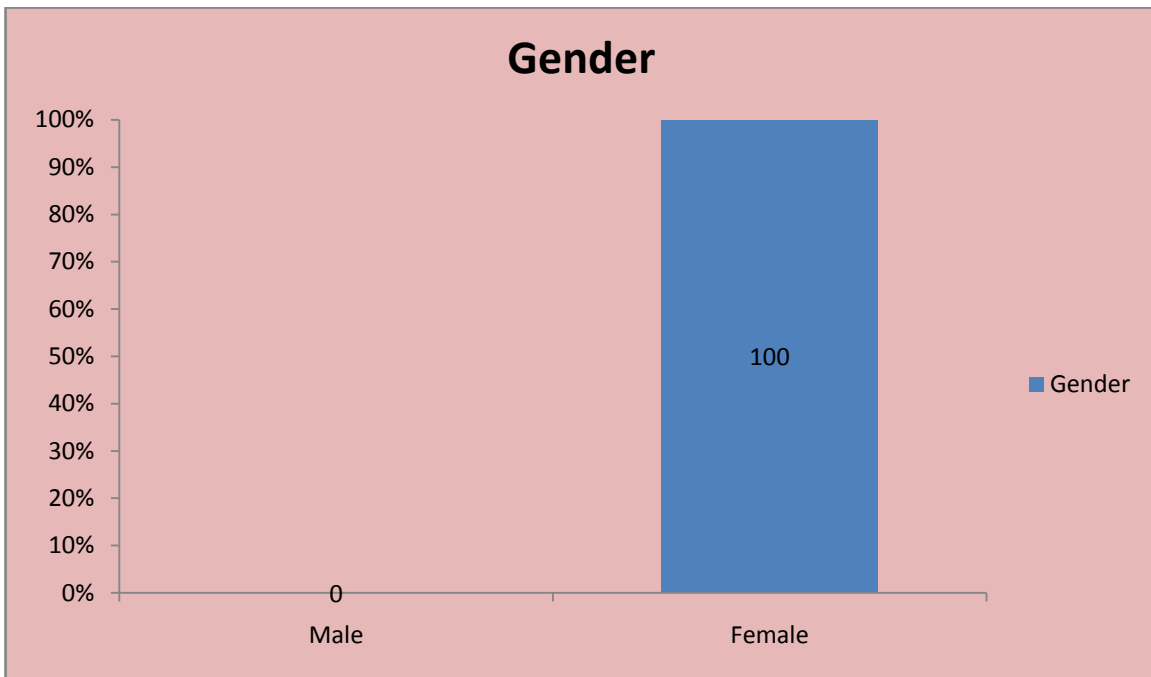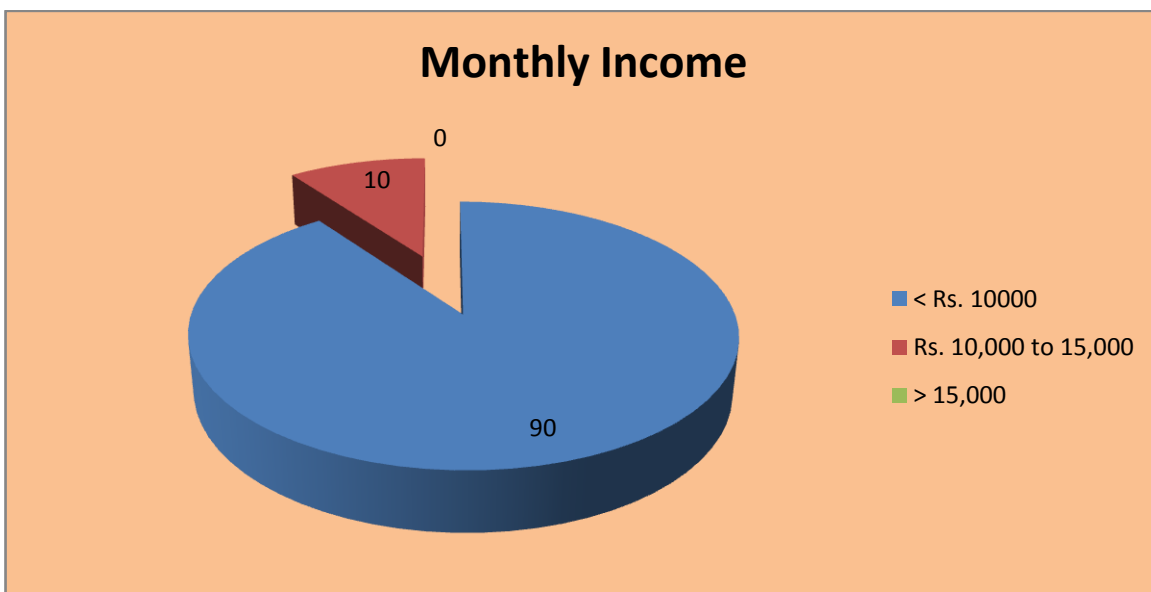
Figure :4Percentage distribution of Gender among staff nurses in the Control group

Figure 5: Percentage distribution of Monthly income among staff nurses in the experimental group

Monthly Income

0
6.67
93.33

■ <Rs.10,000
■ Rs. 10,000 - 15,000
■ > 15,000
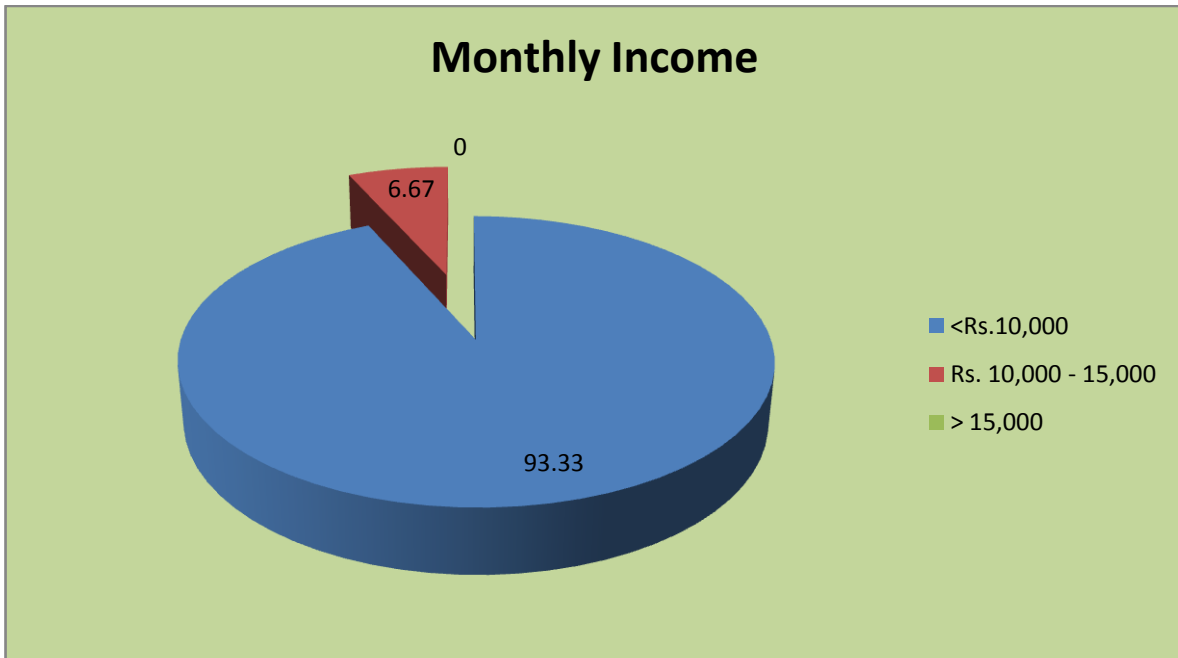
Figure :5Percentage distribution of Monthly income among staff nurses in the control group

SECTION B: ASSESSMENT OF PRE TEST AND POST TEST LEVEL OF STRESS AMONG STAFF NURSES WORKING IN ONCOLOGY UNIT IN EXPERIMENTAL AND CONTROL GROUP.

Table 2:**Frequency and percentage distribution of pre test and post test level of stress among staff nurse working in oncology unit in experimental group.**

n=30

Level of stress	Mild stress (0 – 24%)	Moderate stress 25 – 49%	severe stress >50
Pre test	Nil	21 (70%)	9(30%)
Post test	19 (63.33%)	11(36.67%)	Nil

The table – 2 reveals the percentage distribution of pre test and post test level of stress among staff nurse working in oncology unit in the experimental group.

The analysis of pre test level of stress in experimental group, revealed that majority 21(70%) had moderate level of stress, 9(30%) had severe level of stress.

The analysis of post test level of stress in experimental group, revealed that majority 19(63.33%) had mild level of stress, 11 (36.67%) had moderate level of stress.

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Table 3 :Frequency and percentage of distribution of pre test and post test level of stress among staff nurses working in oncology unit in control group.

n=30

Level of stress	Mild stress 0 – 24%		Moderate stress (25 – 49%)		Severe stress (>50 %)	
Test	N	%	N	%	N	%
Pre test	2	6.67%	18	60%	10	33.33%
Post test	02	6.67%	17	56.67%	11	36.67%

The table 3 reveals the frequency and percentage of pre test and post test level of stress among staff nurses working in oncology unit in control group.

The analysis of pre test level of stress in control group, revealed that majority 2(6.67%) had mild level of stress, 18(60%) had moderate level of stress, 10 (33.3%) had severe level of stress analysis of post test level of stress in control group, revealed that 2(6.67%) had mild level of stress, 17 (56.6%) had moderate level of stress, 11(36.67%) had moderate level of stress .
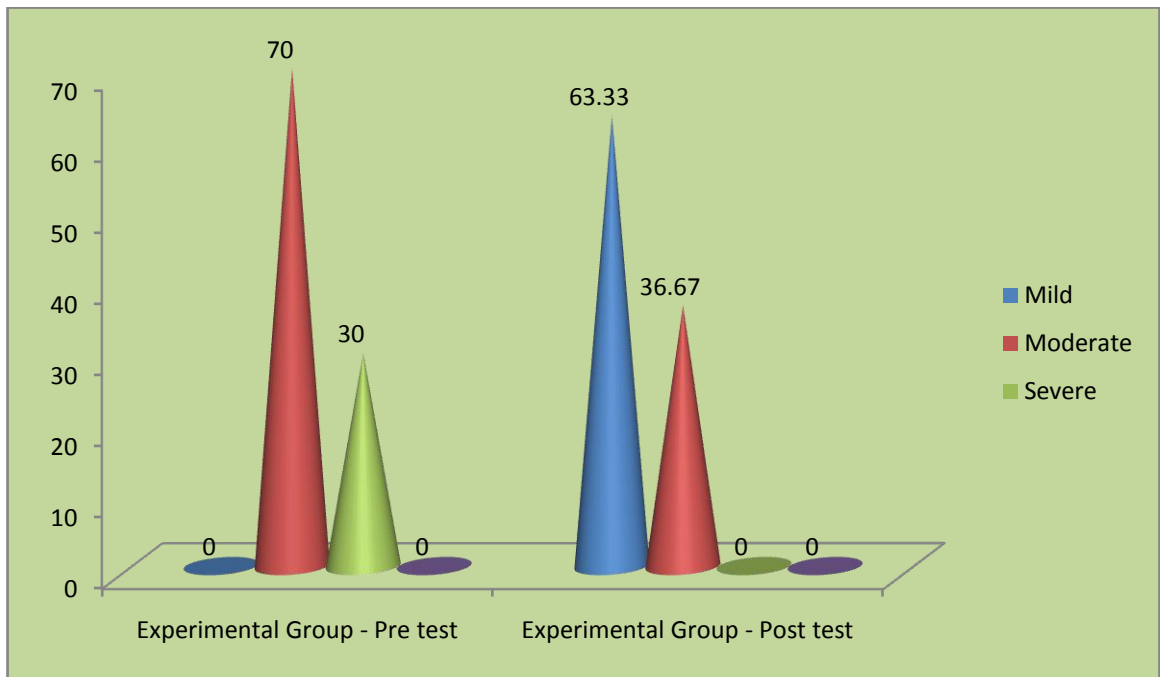
Figure 6: Percentage distribution of pre test and post test level of stress in experimental group
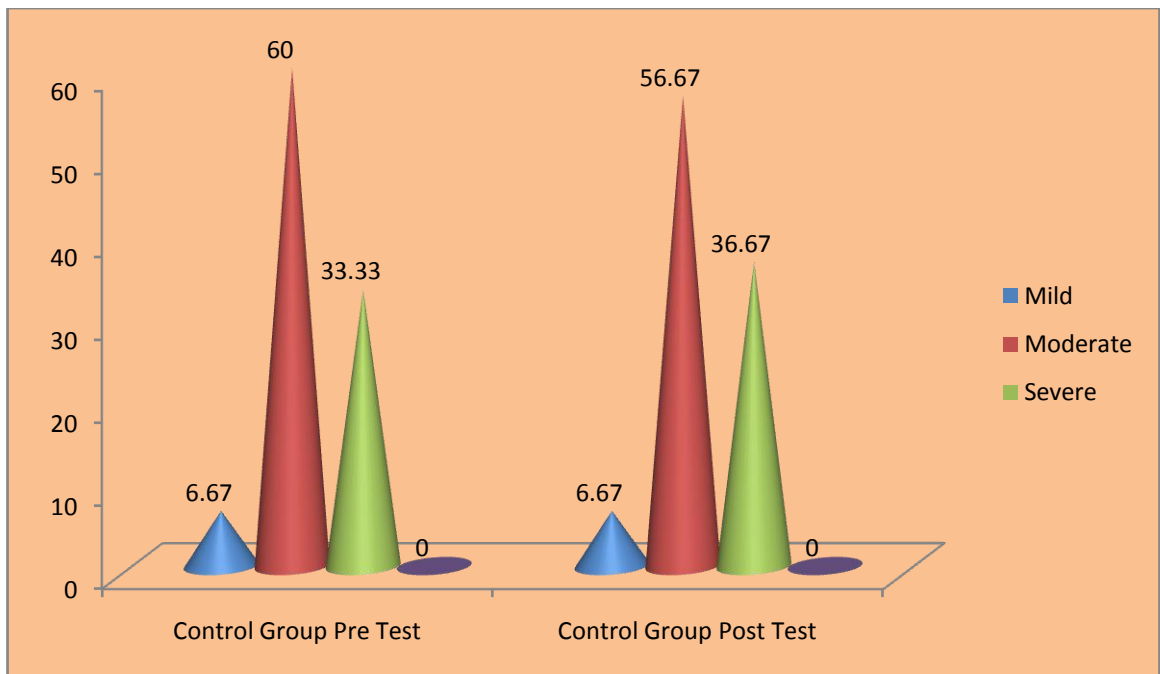
Figure: 6 Percentage distribution of pre test and post test level of stress in Control group

SECTION C: COMPARISON OF PRE TEST AND POST TEST LEVEL OF STRESS AMONG STAFF NURSES WORKING IN ONCOLOGY UNIT IN EXPERIMENTAL AND CONTROL GROUP.

TABLE 4: Comparison of pre test and post test level of stress among staff nurses working in oncology unit in experimental group.

Level of stress	Mean	SD	Paired 't' value
Pre test	44.2	8.6	
Post test	25	3.4	13.32* -

P<0.05 level of significant

Table 4 shows that in the comparison of pre test and post test level of stress in experimental and control group. In experimental group the mean pre test value of stress was 44.2 with SD 8.6 and the mean post test value of stress was 25 with SD 3.4.The calculated paired 't' test value t = 13.32 which was found to be statistically significant at p < 0.05 level. This clearly indicates that after administration of laughter therapy there was a significant difference of the post test level of stress among staff nurses working in oncology unit in experimental group.

Table 5 : comparison of the pre test and post test level stress among staff nurses working in oncology unit in the control group.

n = 30

Level of stress	Mean	SD	Paired 't' value
Pre test	43.87	12.23	
			0.060
Post test	45.30	11.01	

P < 0.05 level of significance.

N.S – Not significant

Table 5 shows that the comparison pre test and post test level of stress in control group, the mean pre test value of stress was 43.87 with 12.23 SD and the mean post test value of stress was 45.30 with SD 11.02, the calculated parried t value of = 0.060 was not found to be, statistically significantp=<0.05 level. This clearly indicates that administration of laughter therapy had significant effect post test level of stress among staff nurses working in oncology unit in experimental group than the control group.

Table 6: Comparison of post test level of stress among staff nurses between the experimental group and control group.

N = 60(30+30)

Post test	Mean	SD	Unpaired 't' value
Experimental group	25	3.4	7.74*
Control group	45.3	11.01	

*** P < 0.05 / S – Significant

The table 6 shown that the post test mean level of stress in the experimental group was 25 with S.D 3.4 and in the control group the post test mean level of stress was 45.3 with 11.01 SD. The calculated unpaired 't'test value = 7.74 was found to be statistically significant at P < 0.05 level. This clearly indicates that the administration of laughter therapy to the staff nurses working in oncology unit in the experimental group had significant difference in the post test level of stress than the control group.

SECTION D: ASSOCIATION OF POST TEST LEVEL OF STRESS AMONG STAFF NURSES WORKING IN ONCOLOGY UNIT WITH THE SELECTED DEMOGRAPHIC VARIABLES IN THE EXPERIMENTAL GROUP.

Table 7: Association of post test level of stress among staff nurses working in oncology unit with the selected demographic variables in experimental group.

S.No	Demographic Variables	Mild		Moderate		Severe		$\chi2$ (df)	p-value (N/NS)
		(n)	(%)	(n)	(%)	(n)	(%)		
1.	Age (in years)								
	a. 25 – 30 years	18	60	10	33.33	0	0		
	b. 31 – 35 years	2	6.67	0	0	0	0	7.82	P=140.43
	c. 36 – 40 years	0	0	0	0	0	0	(df = 3)	S*
	d. Above 41 years	0	0	0	0	0	0		
2.	Gender								
	a. Male	0	0	0	0	0	0	7.82	P=13.333
	b. Female	20	66.67	10	33.33	0	0	(df=3)	S*
3.	Religion								
	a. Hindu	15	50	7	23.33	0	0	16.92	P=0.30624
	b. Christian	1	3.33	1	3.33	0	0	(df=9)	NS
	c. Muslim	3	10	2	6.67	0	0		
	d. Others	1	3.33	0	0	0	0		

4	Marital Status								
	a. Married	18	60	10	33.33	0	0	7.82	P=1.3252
	b. Un married	2	6.67	0	0	0	0	(df = 3)	NS
	c. Divorced	0	0	0	0	0	0		
	d. Separated	0	0	0	0	0	0		
5.	Educational Status								
	a. Diploma	13	43.33	6	20	0	0	16.92	P=1.997
	b. UG	8	26.67	3	10	0	0	(df =9)	NS
	c. PG	0	0	0	0	0	0		
6.	Working Hours								
	a. 6 hrs/day	0	0	0	0	0	0	5.99	P = 2.2397
	b. 8 hrs/day	13	43.33	10	33.33	0	0	(df = 2)	NS
	c. 10 hrs/day	7	23.33	0	0	0	0		
7.	Year of Experience								
	a. 2 – 3 years	19	63.33	9	30	0	0	7.82	P = 0.2616
	b. 4 – 6 years	1	3.33	1	3.33	0	0	(df = 3)	NS
	c. >6 years	0	0	0	0	0	0		
8.	Monthly Income								
	a. < Rs.10,000	1	3.33	2	6.67	0	0	7.82	P=17.4876
	b. Rs.10,000 – 15,000	27	90	0	0	0	0	(df = 3)	S[*]
	c. More than 15,000	0	0	0	0	0	0		

8.	Type of family								
	a. Nuclear	14	46.66	7	23.33	0	0	7.82	P =1.332
	b. Joint	7	23.33	2	6.67	0	0	df =3	NS
9	Family Support								
	a. Adequate	20	66.66	9	30	0	0	7.82	P = 1.2481
	b. Moderately Adequate	0	0	1	3.33	0	0	(df=3)	NS
	c. Not Adequate	0	0	0	0	0	0		

The table 7 shows that the demographic variables of Age in year, gender, family income had shown statistically significant association post test level of stres at p=0.05 level among staff nurses working in oncology significant, and the other demographic variables were not shown significant association with post test level of stress among staff nurses working in the oncology unit in the experimental group.

CHAPTER- V

DISCUSSION

The aim of the present study was conducted to evaluate the effectiveness of laughter therapy on level of stress among staff nurses working in oncology unit at selected hospitals in Trichy.

The first objective of the study was to assess the pre test and post level of stress among staff nurses working in oncology unit in experimental and control group.

The analysis of pre test level of stress in experimental group, revealed that majority 21(70%) had moderate level of stress, 9(30%) had severe level of stress.

The analysis of post test level of stress in experimental group, revealed that majority 19(63.33%) had mild level of stress, 11 (36.67%) had moderate level of stress.

These finding of the study were supported by **R.SASIKALAKA et**, al..(2018) conducted a study to assess the occupational stress among nurses working in tertiary care hospital. The total 265 registered nurses were selected for this study. Convenient non probability method was used to obtain the data. The study revealed that (2.0%)had mild stress, 36.5%had moderate stress and 61.5% had severe stress. Hence he stated hypotheses 1 was accepted.

The second objective the study was to evaluate the effectiveness of laughter therapy on level of stress among staff nurses working in oncology unit in experimental group

the comparison of pre test and post test level of stress in experimental group the mean pre test value of stress was 44.2 with SD 8.6 and the mean post test value of stress was 25 with SD 3.4, the calculated paired 't' test value t = 13.32 which was found to be statistically significant at p < 0.05 level. This clearly indicates that after administration of laughter therapy there was a significant reduction of the post test level of stress among staff nurses working in oncology unit in experimental group.

The comparison pre test and post test level of stress in control group, the Mean pre test value of stress was 43.87 with 12.23 SD and the mean post test value of stress was 45.30 with SD 11.02, the calculated parried t value of = 0.060 was not found to be, statistically significant; This clearly shows that there was no significant difference between the pre test and post test level of stress among staff nurses working in oncology unit in control group.

The comparison pre test and post test level of stress in control group, the mean pre test value of stress was 43.87 with 12.23 SD and the mean post test value of stress was 45.30 with SD 11.02, the calculated parried t value of = 0.060 was not found to be, statistically significant. This clearly indicates that administration of laughter therapy had significant effect post test level of stress among staff nurses working in oncology unit in experimental group than the control group.

The post test mean level of stress in the experimental group was 25 with S.D 3.4 and in the control group the post test mean level of stress was 45.3 with 11.01

SD. The calculated unpaired 't' test value = 7.74 was found to be statistically significant at P < 0.05 level. This clearly indicates that the administration of laughter therapy to the staff nurses working in oncology unit in the experimental group had significant difference in the post test level of stress than the control group.

These finding were supported by a study done by **Chrismary**(2013) who conducted a quasi experimental study to determine the laughter therapy on stress among working with cancer patients.non probability convenient sampling technique was used to select the 60 samples. Pre test was done to assess the level of stress self administer questionnaire. The paired t value of stress was 15.41 which are greater than table value 2.045 in experimental group. Experimental group the mean post test level of stress (28.33) was lower than mean pre test level of stress (40.46) and calculated t value (2.045)in experimental group. Laughter therapy is effective on level of stress among staff nurses working with cancer patients. **The stated hypotheses 2were accepted.**

The third objective of this study was to find out association between the post tests levels of stress among staff nurses working in oncology unit with selected demographic variables in the experimental group.

The chi square value showed significance association between the laughter technique to level of stress. The demographic variables age, gender,monthly income had shown significant association with the post test level of stress among staffnurses working in oncology unit at p=0.05 .The other demographic variables had not shown statistically significant association with posttest level of stress among staff nurses in the experimental group. Hence The stated hypotheses III was accepted.

These finding was supported by a study done by **Kamaazidaet, al..(2017)** conducted study to identify stress level of outpatient oncology nurses at the workplace. To identify difference in stress levels among nurses demographic characteristics and to explore coping behaviour for occupational stress nurses, Study participants (n=40) includes registered nurses and licensed practical nurses. Nursing stress scale, open – ended questions, and demographic questioner were used to assess the level of stress, collect demographic data of staff nurses working in oncology unit. The highest source of stress was the factors of work load and patient death and dying. There was significant difference in stress level among demographic characteristics of age p=0.0411 and nursing work experience p=0.0412.the there most frequently used coping behaviour, were verbalizing, exercising, relaxing, and taking for self.

CHAPTER – VI

SUMMARY, CONCLUSION, IMPLICATION, LIMITATIONS AND RECOMMENDATION

This chapter presents the summary of the study and conclusion drawn. It classifies limitation of the study, implication, recommendation indifferent areas like nursing practice, nursing education, nursing administration, nursing research and recommendation for the further study.

SUMMARY

STATEMENT OF THE PROBLEM

"A Quasi experimental study to evaluate the effectiveness of laughter therapy on level of stress among staff nurses working in oncology unit at selected hospitals in Trichy."

THE FOLLOWING OBJECTIVES WERE SET FOR THE STUDY

- To assess the pre test and post test level of stress among staff nurses working in oncology unit in experimental group.

- To evaluate the effectiveness of laughter therapy on level of stress among staff nurses working in oncology unit in experimental group.

- To find out the association between the post level of stress among nurses working in oncology unit with the selected demographic valiances in experimental group.

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HYPOTHESES

H$_1$, There was a significant difference between the pretest and post test level of stress among staff nurses working in oncology unit in experimental group.

H$_2$ There was a significant association between the post test level of stress among nurses working in oncology unit with the selected Demographic variables in experimental group.

The conceptual model of the study was based on Imogene King's goal attainment theory. The study was conducted by a quasi experimental research design, non randomized control group design. Non probability purposive sampling technique was used

to select the study samples.

The data was analyzed in term of objectives and research hypothesis. Descriptive statistics (frequency, percentage, mean and Standard deviation) and inferential statistics (paired, unpaired test, and square) were used to test the research hypotheses.

MAJOR FINDINGS OF THE STUDY

In the experimental group, the majority 27 (90%) were in the age groups of 25 – 30years, , 30 (100%) were females, 27 (90%) were Hindu. 27 (90%) were Married,18(60%) were diploma, 21(70%) of them she working hours, 26 (86.6%) had 2-3 years of experience, 27 (90%) had. Family months income<10,000, 21 (70%) were belongs to nuclear family and 29(96.6%) had adequate family support. whereas in the control group majority 21(90%) were in the age group of 25-30

years, 30 (100%) were females, 27(90%) were hindu, 22(73.33%)were married, 26(186.6%) had Diploma, 10(53.33%) had working 10 hours, 27 (90%) had 2.3 years of experience, 28 (93.33%) had family months income (10,000 and 27(70%) were belongs to tent family, and 26(86.6%) had adequate family support.

The analysis of pre test level of stress in experimental group, revealed that majority 21(70%) had moderate level of stress, 9(30%) had severe level of stress.

The analysis of post test level of stress in experimental group, revealed that majority 19(63.33%) had mild level of stress, 11 (36.67%) had moderate level of stress .

The analysis of pre test level of stress in control group, revealed that majority 2(6.67%) had mild level of stress, 18(60%) had moderate level of stress, 10 (33.3%) had severe level of stress and none of them had very severe stress the analysis of post test level of stress in control group, revealed that 2(6.67%) had mild level of stress, 17 (56.6%) had moderate level of stress, 11(36.67%) had moderate level of stress .

the comparison of pre test and post test level of stress in experimental group revealed that the mean pre test value of stress was 44.2 with SD 8.6 and the mean post test value of stress was 25 with SD 3.4, the calculated paired 't' test value t = 13.32 which was found to be statistically significant at $p < 0.05$ level. This clearly indicates that after administration of laughter therapythere was a significant reduction of the post test level of stress among staff nurses working in oncology unit in experimental group.

the comparison pre test and post test level of stress in control group, the mean pre test value of stress was 43.87 with 12.23 SD and the mean post test value of stress was 45.30 with SD 11.02, the calculated parried t value of = 0.060 was not found to be, statistically significant. This clearly indicates that administration of laughter therapy had significant effect post test level of stress among staff nurses working in oncology unit in experimental group than the control group.

Thepost test mean level of stress in the experimental group was 25 with S.D 3.4 and in the control group the post test mean level of stress was 45.3 with 11.01 SD. The calculated unpaired 't' test value = 7.74 was found to be statistically significant at $P < 0.05$ level. This clearly indicates that the administration of laughter therapy to the staff nurses working in oncology unit in the experimental group had significant effect in the post test level of stress than the control group.

The demographic variables of Age in year, gender, family income had shown statistically significant association among staff nurses working in oncology unit , and the other demographic variables had it shows significant association with post test level of stress among staff nurses working in oncology unit in experimental group.

CONCLUSION

- Laughter therapy was a effective intervention in the time of stress.
- Laughter therapy helps to reduce stress and to promote well being of the humans.

IMPLICATIONS OF THE STUDY

It includes nursing Practice, nursing education, nursing administration and nursing research.

NURSING PRACTICE

- Laughter therapy can be given for staff nurses in multispecialty hospitals. This technique will reduce their level of stress.
- Nurses can also use this complementary therapy as a primary prevention of stress and related complication.
- Health care institutions include this therapy as regularly.
- The present study will enable the nurses practice laughter therapy to protect themselves from the effect of stress.

NURSING EDUCATION

- Student nurses can learn themselves and practice this laughter therapy to avoid stress.
- The faculty members can motivate the students to practice laughter therapy session and can educate them regarding the importance and health benefits of laughter therapy.
- Staff development programme need to be arranged, so that the nurses educators can encourage the students to practice laughter therapy to the patients in various health care setting.
- Every college of nursing can conduct CNE related to literature for the faculty as a positive coping measure from stress.

NURSING ADMINISTRATION

- Nursing administrator should motivate the public do laughter therapy.

- Administration of both local, state, and central government can take necessary to step to publish articles in the journal explaining the importance and benefit of laughter therapy.

- Nursing administrator can make arrangements for the practice of laughter therapy in various health care setting.

NURSING RESEARCH

- Research can be conducted on various setting.

- Researchers should focus on non-pharmacological intervention to reduce stress.

- The finding should be disseminated through conferences, seminar, and publication of professional, national, and international journal.

LIMITATION

- The study was limited to assess the effectiveness of laughter therapy only on stress among staff nurses.

- The duration of the laughter therapy was fixed for 20 minutes only/day study .

- The study was limited to 60 samples.

RECOMMENDATIONS

Based on the findings the present study recommendations are offered for further research.

- A true experimental study can be conducted to evaluate the effectiveness of laughter therapy on level of stress among staff nurses working in oncology unit.

- A similar study can be conducted to evaluate the effectiveness of laughter therapy among employee working in information technology unit.

- A similar study can be conducted on patient with stress in mental health care setting.

- A similar study can be conducted among working women in selected areas.

- A similar study can be conducted in school going children before examination in various school.

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APPENDIX- A

SECTION - A

DEMOGRAPHIC DATA:

INSTRUCTION: (TICK MARK TO THE FOLLOWING)

1.Age(In Year)

   a) 21-30 years
   b) 31-35years
   c) 36-40years
   d) >40years

2.Gender

   a) Male
   b) Female

3.Religion

   a) Hindu
   b) Muslim
   c) Christian
   d) others

4.Marrital Status

   a) Married
   b) Unmarried
   c) Divorced
   d) Separated

5.Educational Status

a) Undergraduate

b) Postgraduate

c) Diploma

6.Working Hours

a) 6hrs/day

b) 8hrs/day

c) 10hrs/day

7.Year Of Experience

a) 2-3year

b) 4-6years

c) >6years

8. Monthly Income

a) Less than 10,000

b) 10001-15000

c) More than 15000

9.Type of Family

a) Nuclear

b) Joint

10. Family Support

a) Adequate

b) Moderately Adequate

c) Not Adequate

SECTION: B

MODIFIED PERCEIVED STRESS SCALE FOR ONCOLOGY NURSE

Kindly answer the following questions:

S.NO	SITUATIONS	NEVER	RARELY	OFTEN	ALWAYS
1	I experience difficulty in performing procedures that the patient experience as painful				
2	I feel it difficult to console the family members during the disclosure of diagnosis				
3	I feel upset when criticized by doctors				
4	I feel disturbed when not able to share work related problem with a colleague.				
5	I feel depressed for being accountable for things over which I have no control				
6	Inadequate information from the doctors to patient &relatives regarding the terminal illness of patient pain & relatives regarding the terminal illness of a patient dissatisfies me.				
7	I feel disturbed when I see patients in agonizing pain				
8	I feel helpless if patients with cancer fail to improve.				
9	I feel anxious to make decision underemergency situation.				

10	I feel helpless when the patients asks me a question to which I do not have a satisfactory answer				
11	I feel fatigued when I get up in the morning and have to face another day with chronically ii patients.				
12	I feel annoyed when i am been blamed for anything that goes wrong pertaining to patiets codition.				
13	I feel tensed when I have to care for a uncooperated terminally ill patient				
14	It disturb me when I fail to attend to the patient emotional needs				
15	The death of patient in my ward makes me nervous				
16	I feel disappointed when the ward incharge criticizes me				
17	I feel nervous while taking decision concerning a patient when the doctor is un available				
18	I feel am in capable of treating terminally ill patient				
19	I fear assisting risky procedures like bone marrow aspiration				
20	I feel a disturbed when I have to prepare a bill after the death of the patient				
21	I feel overwhelmed when workload is more and shortage of staff				

22	I feel depressed when I am verbally abused by the patients family				
23	I feel hurt when I watch terminally ill patients family				
24	I feel tensed when I have to prepare a patient about his or her approaching death				
25	Problem at work make me irritable at home				

Reading of the scale:

0 - Never stressful

1 - Rarely stressful

2 - Some Time stressful

3 - Often stressful

4 - Always stressful

Scoring pattern

0-24 - Mild stress

25-49 - moderate stress

50-100 - severe stress

அடிப்படை விவரங்களை அறியும் நேர்காணல் படிவம்

குறிப்பு :

ஆராய்ச்சியாளர் பின்வரும் அனைத்து தகவல்களையும் பங்கேற்பவர்களிடமிருந்து சேகரித்து (✓) என்ற குறியை மிகவும் பொருத்தமானவைகளுக்கு எதிரேயுள்ள வினாக்களுக்கு பதிலளிப்பார்கள்

சமுதாய நலக் காரணிகள்

1. வயது (வருடங்களில்)

    அ) 25–30 வயதுவரை

    ஆ) 26–35 வயதுவரை

    இ) 36–40வயதுவரை

    ஈ) > 41 வயத்திற்கு மேல்

2. பாலினம்

    அ) ஆண்

    ஆ) பெண்

3. மதம்

    அ) இந்து

    ஆ) முஸ்லீம்

    இ) கிறிஸ்துவர்

    ஈ) மற்றவை

4. திருமணம்

    அ) திருமணம் ஆனவர்

    ஆ) திருமணம் ஆகாதவர்

    இ) விவாகரத்தானவர்

    ஈ) பிரிந்துவாழ்பவர்

5. கல்வித் தகுதி

    அ) துணை செவிலியர்

    ஆ) இளங்கலை பட்டபடிப்பு

    இ) முதுகலை பட்டப்படிப்பு

6. வேலைபார்க்கும் நேரம் (நாளுக்கு)

    அ) 2–6 மணி நேரம் (ஒரு நாளுக்கு)

    ஆ) 8 மணி நேரம் (ஒரு நாளுக்கு)

    இ) 10 மணி நேரம் (ஒரு நாளுக்கு)

7. வேலை அனுபவம்

    அ) இரண்டு முதல் மூன்று வருடம்

    ஆ) நான்கு முதல் 6 வருடம்

    இ) 6 வருடத்திற்கு மேல்

8. மாத வருமானம்

    அ) ரூ10,000த்திற்கு கீழ்

    ஆ) ரூ10,001–15,000 வரை

    இ) 15,000 த்திற்கு மேல்

9. குடும்ப வகை

    அ) தனிக்குடும்பம்

    ஆ) கூட்டுக் குடும்பம்

10. உங்களுக்கு குடும்பத்தின் மூலம் ஒத்துழைப்பு கிடைக்கிறதா ?

    அ) முழுமையான ஒத்துழைப்பு

    ஆ) மிதமாய் ஒத்துழைப்பு

    இ) ஒத்துழைப்பின்மை

புற்றுநோய் பிரிவில் செவிலியர் மனஅழுத்தத்தைஉணர்த்தும் அளவுகோல்

குறிப்பு : செவிலியர்கள் பணிநேரத்தில் மனஅழுத்தத்திற்குஉள்ளாகும் பொதுவான சூழ்நிலைகள் குறிப்பிடப்பட்டுள்ளன.அவற்றின் எத்தகைய சூழ்நிலைகள் தங்களைஎவ்விதமானமனஅழுத்தத்தைஏற்படுத்துகின்றனஎன்பதைகாலதாமதமின்றிஉடனே (√) குறிப்பிட்டுதெரிவிக்கவும். இத்தகவல்கள் அனைத்தும் ஆய்வுக்குஉரியனஎன்பதால் முழுப்பாதுகாப்புத் தன்மையைக் கொண்டன.

வ. எண்	சூழ்நிலைகள்	இல்லை	எப்போதும் இல்லை	எப்பொழுதாவது	அடிக்கடி	எப்பொழுதும்
1	நோயாளியின் துன்பங்கள் சிகிச்சைஅளிக்கும் போதுஏற்பட்டால் நானும் வேதனையடைகிறேன்.					
2.	நோய் கண்டறிந்தப்பின் அதனைநோயாளியின் குடும்பத்தினரிடம் தெரிவிக்கும் பொழுதுபதட்டம் அடைகிறேன்.					
3.	எனதுபணிகுறித்துமருத்துவர் விமர்சனம் செய்தால் மனஅழுத்தம் அடைகிறேன்.					
4.	பணிதொடர்பானபிரச்சனைகளைஉடன் பணியாற்றுபவருடன் பகிர்ந்துகொள்ளமுடியாதநேரத்தில் மனம் உடைந்துவிடுகிறேன்.					
5.	கட்டுபாடற்றஅதிகமனஅழுத்தம் ஏற்படும் போதுமனசோர்வுஅடைகிறேன்.					
6.	நோயாளியின் நோய் குறித்துமருத்துவர் நோயாளியிடமோ.ˑ குடும்பத்தினரிடமோ,முழுதகவல்களையும் தெரிவிக்காதபொழுதுமனநிறைவுஏற்படுவதில்லை.					
7.	நோயாளியின் வேதனைஎன்னையும் வேதனையடையச் செய்கிறது.					
8.	நோயாளியின் புற்றுநோய் சிகிச்சைமுன்னேற்றம் அளிக்காதபொழுது,என் இயலாமையைஉணர்கிறேன்.					

வ. எண்	சூழ்நிலைகள்	இல்லை	எப்போதும் இல்லை	எப்போதாவது	அடிக்கடி	எப்பொழுதும்
9.	அவசரநிலையில் முடிவெடுக்கவேண்டுமெனமனஉந்துதல் ஏற்படுகிறது.					
10.	நோயாளியின் கேள்விக்குஎன்னால் திருப்திகரமானபதிலளிக்கமுடியாதநிலையத் தர்மசங்கடமாய் உணர்கிறேன்.					
11.	ஒவ்வொருநாளும் நோயாளியுடனும்,நோயுடனும் நகர்வதாய்க் களைப்பாகஉணர்கிறேன்.					
12.	நோயாளியின் சிகிச்சையின் தவறுக்குஎன்மீதுகுற்றம் கூறினால் கோபம் அடைவேன்.					
13.	நோயாளிசிகிச்சைக்குஉள்ஒத்துழைக்காதபொழு துதான் அதிககோபமடைகிறேன்.					
14.	நோயாளியின் உணர்வுரீதியானவேதனைகளைப் பூர்த்திசெய்ய இயலாதபொழுதும்மனச்சோர்வுஅடைகிறேன்.					
15.	நான் பணிபுரியும் பிரிவில் இறப்புஏற்பட்டால் பதட்டம் அடைகிறேன்.					
16.	வார்டின் தலையில் உள்ளவர்கள் என்னைகுறைகூறினால் மனம் உடைந்துபோகிறேன்.					
17.	மருத்துவர் இல்லாதநேரத்தில் நானே,முடிவெடுக்கவேண்டியிருப்பதால் பதற்றம் அடைகிறேன்.					
18.	நான் சிலநேரங்களில் தீவிரசிகிச்சைபெறும் நோயாளியைக் கையாள இயலாதநிலையைஉணர்கிறேன்.					
19.	எலும்பு மஜ்ஜை சிகிச்சைபோன்றசிக்கலானசிகிச்சைநேரங்க ளில் உதவிபுரிந்திடபயப்படுகிறேன்.					
20.	இறந்துவிட்டநோயாளியின் சிகிச்சைக்கானமருத்துவகட்டணரசீதுதயாரி க்கத் துன்பமாய் உணர்கிறேன்.					

வ. எண்	சூழ்நிலைகள்	இல்லை	எப்போதும் இல்லை	எப்பொழுதாவது	அடிக்கடி	எப்பொழுதும்
21.	அதிகமானபணி,குறைவானபணியாளர் போன்ற சூழ்நிலைகளில் எல்லாம் கோபம் ஏற்படுகிறது.					
22.	நோயாளியின் குடும்பத்தினர் தகாதவார்த்தைகளால் பேசினால் மனச்சோர்வுஅடைகிறேன்.					
23.	ஹீமோதெரபியின் பக்கவிளைவுகளால் நோயாளிதுன்பத்தினைகாணும் பொழுதுநானும் துன்பமடைகிறேன்.					
24.	இறக்கும் தருவாயில் உள்ளநோயாளியைக் கையாளும் போதுஅதிகமாய்க் கோபம் அடைகிறேன்.					
25.	பணியிடத்துலஉள்ளபிரச்சனையால் நான் வீட்டில் எரிச்சலடைகிறேன்.					

d) LETTER REQUESTING FOR VALIDATION OF THE TOOL

From

      Ms Saranya.R

      Msc (N)Ii Year

      Karpaga Vinayaga College Of Nursing

      Pudukkottai

To

      Through

      The Principal

      Karpaga Vinayaga College Of Nursing

      Pudukkottai

Respected madam

Sub:requisition for content validity of tool

I am saranya karpagavinayaga college of nursing msc (n) second year in karpagavinayaga college of nuusing.under the tamil nadu dr.m.g.r.medical university,Chennai,as a partial fulfillment of my msc (n) degree programme.i am conducting a research on "a quasi experimental study to evaluate the effectiveness of laughter therapy on level of stress Among staff nurses working in oncology unit at selected hospital in trichy. A tool has been developed for the research study.

I am sending the tool for content validity and for your expert and valuable opinion.

I will be very thankful your kind consideration. Kindly return it to the undersigned.

           Thanking you,

                        yours sincerely

                        R.SARANYA

Encl:

1.certificate of content validity

2.statement of the problem ,objectives, hypothesis, research methodology

3.description of tool and tool for data collection

<center>**"Laughter is the best Medicine"**</center>

<center>- **Chinese**</center>

PROCEDURE OF LAUGHTER THERAPY

Laughter is a rich legacy of evolutionary human development. It is a great gift bestowed upon humanity. Laughter is an expression of joy, happiness and healing.Dr. William a professor of psychology at standford university .California, was the first scientist to suggest in 1964 that laughter was a suitable f field of study in psychiatry. He become the first proclaimed getologist(an expert in the science of laughter, from Greek word gelos-to laugh. A movement (usually involuntary) of the muscles of the face, particularly of the lips, with a peculiar expression of the eyes, indicating merriment, satisfaction, or derision, and usually attended by a sonorous and interrupted expulsion of air from the lungs. laughter therapy or humor therapy is an exercise where humor is used to promote overall wellness and health laughter therapy exercise is effectiveness in releasing stress that may consume your bodily health.

BENEFITS

Physical Benefits

- Boost immunity
- Lower stress hormones
- Decreased pain
- Relaxed muscles
- Prevention of heart disease

Mental health benefits

- Add joy and zest to life
- Eases anxiety and fear
- Relieves stress
- Improves mood
- Enhances resilience

Social Benefits

- Strengthens relationships
- Attract others to us
- Enhance team work
- Helps defuse conflict
- Promotes group bonding

Day   1-introduction to laughter therapy

- Clapping and warm up exercise
- .greeting laughter
- .vowel laughter
- Sound laughter
- Dancer laughter

Day 2- clapping and warm up exercise

- Anger laughter
- Hearty laughter
- Forget/forgive laughter
- Dyslexic laughter

Day 3- clapping and warm up exercise

- Argument laughter
- Imitate laughter
- Vowel laughter
- Sound laughter

Day -4- clapping and warm up exercise

- Dance laughter
- Anger laughter
- Hearty laughter
- Forget /forgive laughter

Day 5- clapping and warm up exercise

- Dyslexic laughter
- Argument laughter
- Imitate laughter
- Feedback laughter

Procedure

Laughter therapy session:

Duration:

20 minutes. Each type of laughter should last for5 minutes followed by clapping exercise "ha ha, haehae, ho ho exercise. Perform deep breath after each laughter exercise.

Step1:

Clapping in rhythm

1-2   ha ha

3-4   haehae

5-6   ha ha

7-8   haehae

9-10 ha,ha,hae,hae,ho,ho,ho

Step 2:

Greeting laughter

Say the name along with ha ha

Say the name first letter only loud like kaka,ma,ma

Step 3:

Vowel laughter

Make the group circle and say vowel letters following

Aae aae aae aae   aae aae

Eee eee eee eee   eee eee

Aye aye aye   aye aye

Oh oh oh   oh oh

Uh uh uh   uh uh

Step 4:

Deep breathing exercise

Step 5:

Dancelaughter (laugh by chanting)

(i)Stand straight

Thumbs out

Thumbs in

 Elbows out

Elbows in

(ii) Thumbs out

Thumbs in

 Elbows out

 Elbows in

Sugujha sugujha

(iii) Thumbs out

Thumbs in

Elbows out

Elbows in

Bump out

Knees bent

Sugujha sugujha

(iv)Thumbs in

Thumbs out

Elbows out

Elbows in

Knees bent

Look up(left side)

Sugujha sugujha

Lookup (right side)sugujha sugujha

Step6:

Anger laughter

Laugh by expression of anger nonverbally with different group members.

Step 7:

Hearty laughter

Come closer and hold each other's hands and laugh. Spread arm up to sky ,tilt the head on little backward and a rise chin and laugh ha ha ho ho and feel from heart.

Step: 8

Argument laughter

Laugh by pointing fingers at different group members as if you are arguing.

Step: 9

Forget forgive/apology laughter

Laugh and tap the hands both the palm and say forget/forgive 6 times.

Step10:

Dyslexic laughter

Stand in a circle and move both hands towards side by chanting aaeaaeaeae,eeeee,

Step:11

Sound laughter

Laughter by making different sounds of birdsby chanting kokkokkuvakuva.

Step:12

Imitate laughter

Laughter by imitation of activity.

Move the mouth on one side.

Blinking the eyes.

Feed back laughter

"we are having stress YES / NO"

We are able to cope with the stress YES / NO

Spread your arms and say Very Happy

Yammy ha ha ha.

சிரிப்பே சிறந்த மருத்தாகும்

சிரிப்பு பயிற்சிக்கான செயல்முறைகள்

சிரிப்பு மனிதனிற்கு கிடைத்த உயர்ந்த செல்வம் மற்றும் மிகவும் சிறந்த பரிசாகும். கலிபோர்னியா நாட்டை சார்ந்த மனநல பேராசிரியர் **டாக்டர். வில்லியம்** என்பவர் இப்பயிற்சியை முதன் முதலில் அறிமுகப்படுத்தினார். புன்னகை என்பது அனிச்சை செயல் மற்றும் மகிழ்ச்சியை வெளிப்படுத்தும் உணர்வாகும். இப்பயிற்சி செய்வதால், மன அழுத்தம், வெளியேற்றுவதிலும் உடல் மற்றும் மன ஆரோக்கியம் அடைய செய்வதிலும் முக்கிய பங்கு வகிக்கிறது. இப்பயிற்சி பற்றி தெளிவாய் காண்போம்.

சிரிப்பு பயிற்சிக்கான பயன்கள்

உடல் சார்ந்த பயன்கள்

நோய் எதிர்ப்பு சக்தியை ஊக்குவிக்கிறது

மன அழுத்தம் குறைகிறது.

வலியின் தன்மை குறைகிறது.

தசைகள் அமைதியடைகிறது.

இருதய நோய் ஏற்படாமல் தடுக்கிறது.

மனநலம் சார்ந்த பயன்கள்

மகிழ்ச்சியளிக்கிறது.

மனபதற்றம் பயம் குறைகிறது.

மன அழுத்தம் குறைகிறது.

சமூக நலப்பயன்கள்

உறவுகள் வலுபெறுகிறது

மற்றவரிடம் நன்மதிப்பு ஏற்படுகிறது

குழுசெயற்பாட்டை தூண்டுகிறது

முரண்பாடுகள் ஏற்படுவதினை தடுக்கிறது.

சிரிப்பு பயிற்சிக்கான கால அட்டவணை

நாள் 1 : சிரிப்பு பயிற்சி அறிமுகம் செய்தல்

❖ கைதட்டுதல் மற்றும் ஆரம்ப பயிற்சிகள்
❖ வரவேற்பு சிரிப்பு பயிற்சி
❖ எழுத்து சார்ந்த சிரிப்பு பயிற்சி
❖ ஒலிசார்ந்த சிரிப்பு பயிற்சி
❖ நடனவழி சிரிப்பு பயிற்சி

நாள் 2 : கைதட்டுதல் சார்ந்த மற்றும் ஆரம்ப பயிற்சிகள்

- ❖ கோபம் சார்ந்த சிரிப்பு பயிற்சி
- ❖ ஆனந்த சிரிப்பு பயிற்சி
- ❖ மறத்தல், மன்னித்தல் சார்ந்த சிரிப்பு பயிற்சி
- ❖ இறகு போன்ற சிறப்பு பயிற்சி

நாள் 3 : கைதட்டுதல் சார்ந்த மற்றும் ஆரம்ப பயிற்சி

- ❖ போலி சிரிப்பு பயிற்சி
- ❖ எழுத்து வழி சிரிப்பு பயிற்சி
- ❖ அசைவுகள் சார்ந்த சிரிப்பு பயிற்சி
- ❖ ஒளிசார்ந்த சிரிப்பு பயிற்சி

நாள் 4 : கைதட்டுதல் மற்றும் ஆரம்ப பயிற்சி

- ❖ நடனவலி சிரிப்பு பயிற்சி
- ❖ கோபம் சார்ந்த சிரிப்பு பயிற்சி
- ❖ ஆனந்த சிரிப்பு பயிற்சி
- ❖ மறத்தல், மன்னித்தல் சார்ந்த சிரிப்பு பயிற்சி

நாள் 5 : கைதட்டுதல் மற்றும் ஆரம்ப பயிற்சி

- ❖ இறகு போன்ற சிரிப்பு பயிற்சி
- ❖ வாக்கவாத சிரிப்பு பயிற்சி

செயல்முறைகள்

சிரிப்பு பயிற்சி செயல்முறைகள்

கால அளவு

இப்பயிற்சியானது 20 நிமிடம் செய்ய வேண்டும். இதனுடன் கைதட்டி சிரிப்பு பயிற்சி மற்றும் மூச்சு பயிற்சியும் இணைந்து அளிக்கப்படும்.

பயிற்சி -1

முதலில் கைதட்டும் சிரிப்பு பயிற்சி பின்பற்ற வேண்டியவை

1 — 2 ஹா.......ஹா.....

3 — 4 ஹே.......ஹே.....

5 — 6 ஹா.......ஹா......

7 — 8 ஹே........ஹே.......

9 — 10 ஹா, ஹா, ஹே, ஹே. ஹோ, ஹோ, ஹோ.......

பயிற்சி – 2 - வரவேற்பு சிரிப்பு பயிற்சி முறை

தங்கள் பெயர் கூறி ஹா ஹா என்று

கூறவும்

தங்கள் பெயரின் முதல் எழுத்தை அதிக ஓசையுள்ள நெடிலாய் கூறவும்.

பயிற்சி – 3 - வெளவல் சிரிப்பு பயிற்சி முறை

அனைவரும் சேர்ந்து வட்டவடிவில் நிற்கவும்

வெளவல் எழுத்துகளை சொல்லிகொண்டே

வட்ட வடிவில் சுற்று வரவும்

கூறவேண்டியவை :

ஏஏஏஏ ஏஏ

இஇஇஇ இஇ

<u>உ உ உ உ</u> <u>உ உ</u>

ஒஒஒஒ ஒஒ

வுவுவுவுவு

பயிற்சி – 4

மூச்சு பயிற்சி செய்தல்.

பயிற்சி 5 : நடனவலி சிரிப்பு பயிற்சி

(i)   நேராக நின்று பின்வருவதை உச்சரித்து கொண்டே செய்யவும்.
(ii) கைகளை கட்டை விரலை வெளிநோக்கி நீட்டவும்

கட்டை விரலை உள்நோக்கி நீட்டவும்

முழங்கையை வெளிநோக்கி மடக்கவும்

முழங்கையை உள்நோக்கி மடக்கவும்

(i)   கட்டைவிரலை வெளிநோக்கி நீட்டவும்

கட்டவிரலை உள்நோக்கி நீட்டவும்

முழங்கையை வெளிநோக்கி மடக்கவும்

முழங்கையை உள்நோக்கி மடக்கவும்

சுகுஜா சுகுஜா என்று கூறி உடலை அசைக்கவும்.

(ii) கட்டைவிரலை வெளிநோக்கி நீட்டவும்

கட்டைவிரலை உள்நோக்கி மடக்கவும்

முழங்கையை வெளிநோக்கி மடக்கவும்

முழங்கையை உள்நோக்கி மடக்கவும்

சுகுஜா சுகுஜா என்று கூறி உடலை அசைக்கவும்.

(iii)   கட்டைவிரலை வெளிநோக்கி மடக்கவும்

              கட்டைவிரலை உள்நோக்கி மடக்கவும்

              முழங்காலை மடக்கவும்

              மேல்நோக்கி பார்த்தபடி சுகுஜா என்று

              கூறவும் (இடபுறம்)

              மேல்நோக்கி வலபுறம் பார்த்தபடி சுகுஷா என்று கூறவும்

பயிற்சி 7 - கோபம் சார்ந்த சிரிப்பு பயிற்சிமுறை

உடல்சார்ந்த அசைவுகள் மற்றும் கோப உணர்வுகளை வெளிப்படுத்துதல்.

பயிற்சி 8 - மனபூர்வ சிரிப்பு பயிற்சி

பயிற்சி பெறுபவர்கள் அனைவரும் இணைந்து நின்று கைகளை கோர்த்து கொள்ளவும் பிறகு கைகளை மேல் நோக்கி உயர்த்தி பார்த்து ஹா ஹா என மனதார சிரிக்கவும்.

பயிற்சி 9

வாக்குவாதம் சார்ந்த சிரிப்பு பயிற்சி வாக்குவாதம் போன்ற அசைவுகளை விரலால் காட்டியபடி சிரிப்பு பயிற்சியை மேற்கொள்ளவும்.

பயிற்சி 10 - மறத்தல், மன்னித்தல் சார்ந்த சிரிப்பு பயிற்சி

குழுவில் உள்ளவர்களுடன் இணைந்து எதிர் உள்ளவர்களின் கைகளினை தட்டி மறப்போம் மன்னிப்போம் ஹா ஹா என்று கூறவும்.

பயிற்சி 11 - இறகின் அசைவு சார்ந்த சிரிப்பு பயிற்சி

வட்டமாய் சுற்றி நின்று பறவை இறகு போல் கைகளினை அசைத்து ஏஏஏ ஏஏ என்னும் இஇஇஇஇஇ இஇ என்னும் கூறி சிரிப்பை வெளிப்படுத்தவும்.

பயிற்சி 12 - பழிப்பது போன்ற சிரிப்பு பயிற்சி

கண்சிமிட்டுதல், மற்றவரினை பார்த்து கேலி செய்வது போல் இப்பயிற்சியை மேற்கொள்ளவும்.

பயிற்சியாளரின் கருத்தை சார்ந்த சிரிப்பு பயிற்சி

நமக்கு மன அழுத்தம் உணர்வு உள்ளதா.......

ஆம் / இல்லை.

நமக்கு மனஅழுத்த உணர்வை எதிர்கொள்ள முடியுமா

ஆம் / இல்லை.

தற்போது கைகளை விரித்து கொண்ட அதிகமாய் மகிழ்ச்சி என்னும்

ஹாஹா என்னும் கூறவும்.

CERTIFICATE FOR VALIDITY

This   is certify that theperceived stress scale for oncology nurse "Aquasi experimentalstudy to evaluate the effectiveness of laughter therapy on level of stress among staff nurses working in oncology unit at selected hospitals in trichy"has been validated and found appropriate with mentioned suggestion.

Signature:

Name:

Designation:

CERTIFICATE FOR VALIDITY

This is certify that the perceived stress scale for oncology nurse **"A QUASI EXPERIMENTAL STUDY TO EVALUATE THE EFFECTIVENESS OF LAUGHTER THERAPY ON LEVEL OF STRESS AMONG STAFF NURSES WORKING IN ONCOLOGY UNIT AT SELECTED HOSPITALS IN TRICHY"** has been validated and found appropriate with mentioned suggestion.

Signature:

Name:

Designation:

Name of the college:

APPENDIX - C

a) LETTER REQUESTING PERMISSION TO CONDUCT RESEARCH STUDY

From

Ms.R.Saranya,

Msc(N) II Year,

Karpaga Vinayaga College Of Nursing,

Pudukkottai.

To

The Principal

Karpaga Vinayaga College Of Nursing

Pudukkottai

Respected madam

SUB:Requesting permission to conduct theresearcstudy,regarding…

I am Ms.Saranya final year M.S.c(N) Student of Karpaga Vinayaga College Of Nursing,Pudukkottai,to conduct a research project which is to be submitted to the Tamil Nadu Dr.M.G.R.Medical University,Chennai as a partial fulfillment of university requirement for award of M.S.c(N) Degree.

"A quasi experimental study to evaluate the effectiveness of laughter therapy on level of stress among staff nurses working in oncology unit at selected hospitals,in pudukkottai."

I humbly request you to grant permission to conduct research study in hospitals will be highly grateful to your favor**.**

Thanking you

Place: **Yours sincerely**,

Date: (R.SARANYA)

APPENDIX-C

c) REQUISITIOTON LETTER MEDICAL GUIDE

FROM

Ms.R.Saranya,

Msc(N) Ii Year,

Karpaga Vinayaga College Of Nursing,

Pudukkottai.

To

Dr.ZAMAN.M,MBBS,DPM,M.D(PSY),

Pudukkottai..

THROUGH,

The Principal,

Karpagavinayagacollege Of Nursing,

Pudukkottai.

Respected sir,

Sub: Requesting permission for the guidance to conduct the study, regarding.

I am II year MSC nursing student of karpaga vinayaga college of nursing pudukkottai.I would like to conduct a study as a part of partial fulfillment for the degree of master in nursing. The statement of the problem "A Quasi experimental study to evaluate the effectiveness of laughter therapy on level of stress among staff nurses working in oncology unit at selected hospitals, in trichy".

I humbly request you to give me guidance and suggestion for conducting my study.

Thanking you in this anticipation

Place:

Date: Yours faithfully,

(R.SARANYA)

F)LIST OF THE EXPERTS FOR THE CONTENT VALIDITY

1. **Dr.Zaman,MD,DPM**

   Psychiatric Consultant

   Mano Health Centre

   pudukkottai.

2. Pro.s.sumithra,M.Sc.(N),M.Sc.Ph.D.,

   Principal

   Karpaga Vinayaga College Of Nursing

   Pudukkottai.

3. Pro.MR.V.Theenathayalan,M.S.c.(N).,

   Professor

   HOD Of Mental Health Nursing

   Mother Therasa College Of Nursing

   Pudukkottai

4. Prof.Mrs.S.Rajathi

   Principal

   Dhanalakshmi Srinivasan College Of Nursing

   Perambalur

5.Dr.Maryrita

Principal

Jennys College Of Nursing

Trichy

6.Dr.K.Vijayalakshmi

 Professor

Appolo College Of Nursing

Chennai

7.Ms.Chandra M.S.c (N)

Professor

Sri .K.Ramachandra Naidu College Of Nursing

Tirunellveli

8.salomi sangeetha M.S.c (N)

Professor

Doctors college of nursing.