

A STUDY TO EVALUATE THE EFFECTIVENESS OF GUIDED
IMAGERY ON DEPRESSION AMONG PATIENTS WITH
END STAGE RENAL DISEASE IN A SELECTED
HOSPITAL AT TAMILNADU



COIMBATORE

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

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BY

PIRAVEENA. R

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APPROVED BY THE DISSERTATION COMMITTEE ON.....
RESEARCH GUIDE

Prof. Dr. Mrs. R. ANNAPOORANI.MA.,
DSP.,M.Phil.,Ph.D. D.Sc (GERMANY).,
PROFESSOR IN RESEARCH METHODS,
ANNAI MEENAKSHI COLLEGE OF NURSING,
COIMBATORE.

CLINICAL GUIDE

Mrs.G.BALAMANI BOSE., M.Sc.(N).,
READER,
ANNAI MEENAKSHI COLLEGE OF NURSING,
COIMBATORE.

MEDICAL EXPERT

Prof. Dr. S.VEERAKESARI, M.D.,
CONSULTANT PHYSICIAN,
SHRI MEENAKSHI HOSPITAL,
COIMBATORE.

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VIVA VOICE

1. INTERNAL EXAMINER.....
2. EXTERNAL EXAMINER.....

This is to certify that the dissertation entitled “**A Study To Evaluate The Effectiveness Of Guided imagery On Depression Among Patients With End Stage Renal Disease In A Selected Hospital at TamilNadu**” is a bonafide work done by **Mrs.PIRAVEENA.R., Annai Meenakshi College Of Nursing** in partial fulfillment of the university rules and regulation for award of **M.Sc., Nursing Degree Course** under my guidance and supervision during the academic year of **October 2015.**

NAME & SIGNATURE OF GUIDE

NAME & SIGNATURE OF HOD

NAME & SIGNATURE OF DEAN/PRINCIPAL

CERTIFIED THAT THIS IS THE BONAFIDE WORK OF

PIRAVEENA.R

ANNAI MEENAKSHI COLLEGE OF NURSING,

COIMBATORE, TAMILNADU.

SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENT

FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING

TO THE TAMILNADU DR. M.G.R. MEDICAL

UNIVERSITY, CHENNAI

COLLEGE SEAL:

PROF. MRS.M.MUMTAZ, M.Sc.,(N).,MBA(HM).,

PRINCIPAL,

ANNAI MEENAKSHI COLLEGE OF NURSING,

COIMBATORE,

TAMILNADU.

DEDICATION

*“I dedicate this book to
God almighty who blessed me to finish this work successfully.”*

I submit this credit to my husband

Mr. R.PRAVIN KUMAR

*Who made my life most pleasure and without him it wouldn't
have been possible to complete my study.*

I dedicate this book to my lovable Parents

Mr. RAJAN & Mrs.PHILOMINA RAJAN

those who made my life purposeful and meaningful

I dedicate this book to my beloved sisters

Ms .Pramila, Ms Sheela, Ms Leema

who gave me a marvelous emotional support

I dedicate this book to my Brothers

Mr. Surendra Kumar and

MR.Pradeep Kumar

For their love and support.

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ABSTRACT

INTRODUCTION: Kidney maintains the homeostasis of our body. Patients with Chronic Renal Failure experience depression. In this context relaxation therapy like guided imagery has its own significance in reducing the level of depression , thus enhancing the scope of nursing. **OBJECTIVE :** To evaluate the effectiveness of guided imagery on level of depression among patients with End Stage Renal Disease. **DESIGN :** A quantitative approach using quasi experimental design with pre-test post-test. **PARTICIPANTS :** 60 clients with End Stage Renal Disease was selected using convenient sampling in M.M Hospital, Dharapuram. **INTERVENTION:** Guided imagery 20 minutes twice a day for three days. **TOOLS :** Modified Beck's Depression Scale to assess the level of depression. **RESULT :** Analysis using independent 't' test and paired 't' test found significant values at $p < 0.05$ level. **CONCLUSION :** This study finding conclude that the guided imagery is effective in reducing the level of depression among patients with End Stage Renal Disease.

Keywords : Guided Imagery, Depression, End Stage Renal Disease.

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CHAPTER I

INTRODUCTION

*God grant us the serenity to accept
things that we cannot change courage
To things that I can and
wisdom to know the difference*

- John Keats

Background of the Study

The kidneys are pair of organs with several functions. They are one of the essential parts of the urinary system and also serve the homeostatic functions such as the regulation of electrolytes, maintenance of acid – base balance and regulation of blood pressure. They serve the body as a natural filter of the blood and remove wastes, which are delivered to the urinary bladder. In producing urine, the kidneys excrete wastes such as urea and ammonia; the kidneys are responsible for the reabsorption of water, glucose and amino acids. The kidneys also are responsible to produce hormones including calcitriol, renin and erythropoietin.

Nephrology is the medical specialty concerned with kidney diseases. The loss of kidney function has many different causes. Diseases of the kidney are diverse, but individuals with kidney disease frequently display characteristic clinical features.

The common disease conditions in renal system are renal failure, nephrotic syndrome, nephritis and renal calculi. Chronic kidney disease is a growing health

problem worldwide. A report by the Centres for Disease Control (2007) determined that 16.8% of all adults above the age of 20 years have chronic kidney disease. Thus, one in six individuals has kidney disease. The increasing incidence of diabetes mellitus, hypertension, obesity, and an aging population have contributed to this increase in renal failure.

Renal failure can be divided into two categories: acute kidney injury and chronic kidney disease. The type of renal failure is determined by the trend in the serum creatinine. Other factors which may help differentiate acute kidney injury from chronic kidney disease include anemia and the kidney size on ultrasound. Chronic kidney disease generally leads to anemia and small kidney size.

Chronic renal failure is a progressive, irreversible deterioration in renal function in which the body's ability to maintain metabolic and fluid and electrolyte balance fails, resulting in uraemia or azotemia (retention of urea and other nitrogenous wastes in the blood).

The most common causes of chronic kidney disease are diabetic nephropathy, hypertension and glomerulonephritis. Together, these cause approximately 75% of all adult cases. While renal replacement therapies can maintain patients indefinitely and prolong life, the quality of life is severely affected. End Stage Renal Disease cannot be treated with conventional medical treatments such as drugs. Only two treatments allow continuing living when kidneys stop functioning: dialysis and kidney transplantation.

Chronic Kidney Disease is divided into 5 stages,

Stage 1

Slightly diminished function; kidney damage with normal or relatively high Glomerular Filtration Rate (>90 mL/min/ 1.73 m²).

Stage 2

Mild reduction in Glomerular Filtration Rate (60 - 89 mL/min/ 1.73 m²) with kidney damage. Kidney damage is defined as pathology abnormalities or markers of damage, including abnormalities in blood or urine test or imaging studies.

Stage 3

Moderate reduction in Glomerular Filtration Rate (30 - 59 mL/min/ 1.73 m²).

Stage 4

Severe reduction in Glomerular Filtration Rate (15 - 29 mL/min/ 1.73 m²).

Preparation of renal replacement therapy.

Stage 5

Established kidney failure in which Glomerular Filtration Rate (<15 mL/min/ 1.73 m²) and permanent Renal Replacement Therapy (RRT) is needed.

End Stage Renal Disease is the final stage of total kidney failure. It is also known as chronic kidney disease or chronic renal disease.

End Stage Renal Disease and Renal Replacement Therapies (ESRD & RRT) predispose individuals to a multitude of unwanted symptoms. Effects and symptoms of chronic kidney disease include need to urinate frequently especially at night, swelling of the legs and puffiness around the eyes, high blood pressure, depression and weakness, loss of appetite, nausea and vomiting, itching, easy

bruising, and pale skin, shortness of breath from fluid accumulation in the lungs, headaches, numbness in the feet or hands, disturbed sleep, altered mental status, and restless legs syndrome, chest pain due to pericarditis, bleeding, bone pain and fractures; and decreased sexual interest and erectile dysfunction.

ESRD has a significant impact upon the lives of sufferers. The experience of multiple losses, including kidney function, family role, work role, sexual function, time and mobility, impact significantly on the lives of patients. Further, including medication effects, dietary constraints, fear of death and dependency upon treatment may affect quality of life and exacerbate feelings of loss of control. It has been widely claimed that depression is the most common psychological condition among patients with ESRD. While prevalent, depression and anxiety is still often unrecognized, reflecting a lack of routine psychology evaluation among this patient population. The consequences of missing depression among dialysis patients are considerable. Co-morbid depressive illnesses amplify the impact of chronic illnesses and increase functional disability and the use of health care services.

There is no specific treatment for the psychological problems of patients with ESRD. In general, doctors aim to relieve signs and symptoms by using a combination of treatments, which may include:

- Moderating daily activity – Doctor may encourage to slow down and to avoid excessive physical and psychological stress.
- Gradual but steady exercise – Research has proved that gradually increasing exercise can improve the symptoms of fatigue syndrome.

- Treatment of depression – Antidepressants may help improve sleep and relieve pain. Commonly prescribed antidepressants include amitriptyline (amitid, amitril), despramine (norpramin).
- Treatment of hypotension – The drugs flurocortisones (florinef) and atenolol (tenormin) may be useful for certain people with depression syndrome.

American Psychiatric Association (APA, 1987) states that the prevalence of depressive illness is found to be high in dialysis patients. Depression has been described as the most common health disorder among patients with ESRD that eventually increases the incidence of morbidity and mortality rates.

Medical studies emphasize that depressed patients perceive dialysis and other treatments as more intrusive than patients without depressive moods. The depressed patients also score lower in quality of life inventories that lead to poorer social adjustments and decreased behavioural compliance with treatment modalities. Emotional turbulence of depression also proceed to weakening of immune system functions ultimating to increased infection rates. Physically, depression worsens a patient's condition in advance with abnormal gluco-corticoids and pro inflammatory mediators.

During depression, the brain activities are found to be varying at different levels. Nor-epinephrine, the major neurotransmitter has been identified at lower levels among patients with depression. In addition to this, serotonin(5HT) activity is also found to be less. Researchers have pointed the combined reduction of nor-epinephrine and seratonergic neurons activity in the dorsal raphae nucleus and limbic system that

eventuate to depression. Furthermore, PET (Positron Emission Tomography) images have proven abnormally diminished activity in prefrontal cortex of patients with depression.

Though depression is a major problem, it can be treated with pharmacological and non-pharmacological measures. Some of the non-pharmacological methods of treating depression may include guided imagery, music therapy, aromatherapy, meditation, deep breathing and muscle relaxation technique, massaging etc.

Imagination is a powerful mental function that allows to review the past, imagine possible future and do things that we sometime can't do in the outer world. The imagination is the source of creativity of problem solving, planning and setting our goals since it always represents our internal reality.

People have been using guided imagery for a very long time by imagining that they see trees, flowers and a beautiful sky. This activates their visual part of their brain.

Guided imagery influences the experiences of depression by acting as a cognitive distraction. Imagery may function as one of many relaxation techniques. The relaxation effect results in reduction of autonomous activity and the concomitant physiological responses to catecholamine production. In addition to this, relaxation facilitates the release of endorphins that reduces the level of depression.

Need For The Study

World Health Organization (2010) states that the mortality rate of kidney disease is 8, 50,050 per year and chronic kidney disease are the 12th leading cause of death, and 17th cause of disability.

A study conducted in United States (May 2005) estimated that annual growth of the ESRD populations is approximately 4.1% newly diagnosed, 6.4% were long-term ESRD patients, 7.1% were dialysis patients, 6.1% were patients with functioning transplants, and 8.2% were patients on waiting lists for transplants.

According to the US Renal Data System 2009 annual report, there were 111,000 new cases of ESRD in 2007 — equivalent to an annual incidence of 361 cases per million populations.

Department of Internal Medicine Indonesia (2006) reported about the incidence that the rate of End Stage Renal Disease was 30.7 per million populations.

American Society of Nephrology (2007) estimated that nearly 20% of the End Stage Renal disease patients had chronic anxiety, identifying a psychiatric diagnosis among hemodialysis patients.

Renal society of Australian Journal (2007) stated that the role of empowerment on in the care of patient with end stage renal disease should investigate all the elements of the concept of empowerment especially anxiety and depression.

British Journal of Psychology (2006) states that 34% of patients with ESRD are suffering from depression.

According to a survey by WHO (2009) on prevalence of depression associated disease conditions, the depression associated with ESRD and dialysis ranges approximately 16.25%.

In India, the National Kidney Foundation estimated approximately 2 lacks people go for kidney failure annually.

All India Institute of Medical Science (2005) reported that among India's 1 billion populations there are 7.85 million patients were diagnosed as chronic renal failure.

According to National Institute of Health (2007), there are approximately 7.85 million people suffering from chronic kidney failure in India.

Indian Society of Nephrology (2011) reported Diabetes Mellitus as the cause of CKD and it was found in 31.2% of patients.

According to Department of Nephrology, Sri Ramachandra University, Chennai, Tamilnadu (2008), the prevalence of chronic renal failure was 0.79 % or 7852 per million/population.

Departments of Psychiatry and Behavioural Sciences and Medicine (2007) estimated 20 to 30% prevalence of anxiety that meets diagnostic criteria in patients with end stage renal disease.

Murtagh F.E, (2007) conducted a systematic review on prevalence of symptoms in End Stage Renal Disease. This systematic review aimed to describe prevalence of all symptoms. Calculated mean prevalence for depression among patients with ESRD was about 27%.

Kanniammal (2009) conducted a survey on the prevalence of depression among 26001 patients undergoing dialysis by adopting random sampling selection by using self reported patient health questionnaire. The study revealed that the prevalence of depression among patients undergoing dialysis was 15.1%. The study also reported that level of depression was higher among females than males.

Paul Nimi (2012) conducted a study to evaluate the effectiveness of music therapy on depression among patients undergoing hemodialysis by adopting purposive sampling technique. The study revealed that 40% had borderline level of depression, 30% had moderate and mild level of depression among patients undergoing hemodialysis.

The investigator observed from the nephrology hospital that most of the patients with ESRD suffer from some form of depression. So the investigator interested to provide one of the relaxation, non invasive and non pharmacological managements such as guided imagery to the patients with End Stage Renal Disease to

reduce the level of depression. Researcher's Beck's and the significance of problem prompted to select guided imagery, a simple technique in patients with End Stage Renal Disease.

Statement Of The Problem

Effectiveness Of Guided imagery On Depression Among Patients With End Stage Renal Disease In A Selected Hospital at Tamilnadu.

Objectives Of The Study

The objectives of the study were

- To assess the pre and post test level of depression among patients with End Stage Renal Disease.
- To evaluate the effectiveness of Guided imagery on level of depression among patients with End Stage Renal Disease.
- To determine the association between the level of depression among patients with End Stage Renal Disease with their selected demographic variables.

Hypotheses

H₁ Guided imagery is effective in reducing depression among patients with End Stage Renal Disease.

H₂ There is significant association between levels of depression among patients with End Stage Renal Disease with their selected demographic variables.

Operational Definitions

Effectiveness

It refers to the outcome of Guided imagery in terms of reducing depression among patients with End Stage Renal Disease.

Guided Imagery

Any of various techniques used to guide another person or oneself in imagining sensations and especially in visualizing an image in the mind to bring about a desired physical response.

- Merriam-Webster's Dictionary.

In this study it refers to the intervention that is given by the investigator in which the patient is purposefully guided by an audio recording on "walking over the beach". It is administered for 20 minutes twice a day for 3 consecutive days in order to reduce the level of depression.

Depression

It is defined as a worried state of mood in which patients with ESRD feel sad, helpless, hopeless and worthless of themselves. It is measure by modified Beck's Depression scale.

End Stage Renal Disease

It is the established kidney failure in which Glomerular Filtration Rate(GFR) is less than 15 ml/min/1.73 m² and permanent Renal Replacement Therapy is needed.

Assumptions

- Patients with End Stage Renal Disease experience depression.

- Guided imagery has influence on depression.
- Guided imagery can be a relaxation thus reduces depression.
- Guided imagery has no potential adverse effect for patients with End Stage Renal Disease experiencing depression.
- Guided imagery is a simple measure to reduce depression.

Delimitations

- The study is delimited to patients with End Stage Renal Disease.
- The study is delimited to a period of six weeks.

Projected Outcomes

- The study will help the nurses to assess the level of depression by using Modified Beck's Depression Scale.
- The study will help the nurses to identify the effectiveness of Guided imagery on reducing depression.
- The study findings will help the nurses to incorporate Guided imagery as an intervention among patients with End Stage Renal Disease in managing the level of depression.
- The study findings will enable the nurses to encourage the practice of Guided imagery as an intervention among patients with End Stage Renal Disease in managing the level of depression.

CHAPTER II

REVIEW OF LITERATURE

Review of literature is an important step in the development of any research project. Polit and Hungler (2004) denoted that literature review is a critical summary of research on a topic of interest, often prepared to put a research problem in context.

Basavanthappa.B.T., (2004) defined review of literature as “a broad, comprehensive in-depth, systematic and critical review of scholarly publications, unpublished scholarly print materials, audio-visual materials and personal communications”.

For the study, the literature reviews are divided into the following

- Studies related to End Stage Renal Disease.
- Studies related to depression among patients with End Stage Renal Disease.
- Studies related to Guided imagery.
- Studies related to Guided imagery on depression among End Stage Renal Disease.

Studies Related To End Stage Renal Disease

Basavanthappa.B.T., (2003) stated that End Stage Renal Disease Stage is a condition in which there are more than 85 percentage of loss of nephrons, less than 10 percentage of normal Glomerular Filtration Rate, Blood Urea Nitrogen and serum creatinine at high levels, anemia, azotemia, metabolic acidosis and urine specific

gravity are fixed at 1.010, oliguria and symptoms of renal failure appear. It is at this stage where most of the patients face much difficulty in carrying out basic activities of daily living because of the cumulative effect and extend of the symptoms.

Joyce. M. Black, (2001) stated that As the life expectancy increases and medical science is able to prolong life, the incidence of End Stage Renal Disease has been increasing. Hypertension and diabetes are the most common causes accounting for over 60% of the patients.

Nicola Thomas, (2002) stated that Chronic renal failure is caused by a slow progressive kidney disease over a course of many years. There may be an insidious onset of renal failure with the minimum of symptoms developing in the patient on approaching to end stage renal disease.

Robert Foley., Allen J., (2006) stated in a special article in the American Society of Nephrology that trends of End Stage Renal Diseases is increasing but skyrocketing costs are a major concern. The cost of the prevention and treatment of End Stage Renal Disease in the United States are too high.

Dr.Foley., (2004) stated that 104,364 Americans (approximately 0.03 percent of the population) started dialysis or received kidney transplant. This represented nearly one percent decline in renal replacement therapies, compared with the previous year. Still diabetes remains the leading cause of End Stage Renal Disease. In particular, rising rates of diabetic End Stage Renal Disease among younger African – American adults suggest a looming public health crisis.

Dr. Foley, Collins (2004) stated that, with the continued growth of the End Stage Renal Disease population, costs grew by 57 percent between 1999 and 2004. The most recent estimates showed that medicare cost for End Stage Renal Disease reached \$20.1 billion, while non medicare costs rose to \$12.4 billion. Costs for the care of End Stage Renal Disease patients now account for 6.7 percent of total medicare expenditures.

Elsevier Science., (2004) stated that, the number of patients undergoing dialysis therapy among End Stage Renal Disease continues to increase. But the rate of increase is from 9% to 10%. The prevalent population age 75 and older has more than doubled since 1996, while the number of patients age 45-64 has grown 87 % and the population age 20-44 is just 18.5 percent larger now than a decade ago.

Megud E.1 Nahas., (2002) stated that, End Stage Renal Disease is more common in males than in females. Furthermore, indirect evidence suggests that the rate of progression of a wide range of nephropathies is faster in males.

Studies Related To Depression Among Patients With End Stage Renal Disease

Jhamb M et al., (2009) conducted choices for healthy outcomes in caring for End Stage Renal Disease (CHOICE) study. It reveals that depression is a debilitating symptom experienced by patients undergoing dialysis. This study examines the correlation of self reported depression at initiation of dialysis and after 1 year and assesses the extent to which depression was associated with health related quality of

life and survival. In conclusion, depression is an important and often under recognized symptom in the dialysis population.

Thomas, Hawkin Zarwarsky., (2005) conducted a study on End Stage Renal Disease and renal replacement therapies that predispose individuals to a multitude of unwanted symptoms. Depression is one of the most frequently reported and disruptive symptoms experienced by patients with End Stage Renal Disease. It revealed that End Stage Renal Disease patients experience profound levels of depression.

Lisa Linau et al., (2003) conducted an observational cohort study among persons with End Stage Renal Disease that included standardized assessments for depression, cognitive impairment and impaired physical performance. It revealed that depression was present in 81% of participants, impaired physical performance in 60% participants and cognitive impairment and depression in 25% of participants.

Sklar A.H, et al (2002) conducted a cross- sectional study on post dialysis depression among 85 hemodialysis patient. It concluded that post dialysis depression is common in patients on chronic extracorporeal dialysis.

Brunner, Grayelon, (1993) found that patients on hemodialysis experienced depression and explained 14% of the variance in depression scores. Significant relationship have also been established between level of depression and sleep disturbance, depression, anxiety and reduced physical abilities, and with severity of symptoms especially tiredness.

Polaschek., (2003) explored the symptoms of depression in patients with End Stage Renal Disease. It revealed that hemodialysis patients experience a range of unwanted symptoms, depression has been documented as one of the most bothersome and tiredness has been reported as the most prevalent symptom among patients on hemodialysis.

Knab et.al, (2005) concluded that more active approaches to reduce depression are being explored and exercise performance is increasing of attention in health care research as a method of relieving depression in chronic illness. So exercise is an important rehabilitative strategy for people receiving renal replacement therapies to improve the quality of life.

Sullivan O, Mc Carthy., (2007) found that individuals receiving hemodialysis experienced depression. The lower levels of depression correlated with higher levels of physical functioning, suggesting that exercise is potentially beneficial in reducing depression.

Lee Lin. et.al, (2007) found that depression was experienced multi-dimensionally, incorporating physical, affective and cognitive depression. The majority of participants described passive approaches to managing depression.

Stasi et.al. (2003) reported that increasing awareness of the prevalence of depression in patients with End Stage Renal Disease. It advocating clinical assessment and researching interventions to reduce depression. The patients on long term dialysis therapy should aim at improving health care.

Hindenori Koyama., (2010) reported in the clinical journal of the American society of nephrology that depression is an important predictor in End Stage Renal Disease patients under hemodialysis treatment. Depression is a major bio alarm for health in humans and is a prominent symptom in many types of chronic illness. It revealed that depression is a common symptom in End Stage Renal Disease patients undergoing dialysis. The estimated prevalence ranges as high as 97% in patients on long term dialysis therapy.

Mayo Clinic Staff., (2009) reported the common causes of depression include chronic kidney failure, alcohol use or abuse, anemia, anxiety, caffeine use, cancer, depression, lack of sleep, medications such as, blood pressure medications, antihistamines, cough and cold remedies, heart medications and some antidepressants, obesity, pregnancy, stress, excessive physical activity and unhealthy eating habits.

Studies Related To Guided imagery On Depression Among End Stage Renal Disease

Shiow Luan Tsay., (2004) conducted a randomized controlled trial to investigate the effectiveness of Guided imagery on depression among 106 patients with End Stage Renal Disease by using Beck's depression scale. The post-test revealed that patients in the experimental group were significantly having lower scores of depression than patients in the control group. In conclusion, the study provided an alternative method for health care providers to managing End Stage Renal Disease patients with depression.

Staff of the National Tarnan Institute of Nursing and National Taipei College of Nursing Graduate Institute, Taiwan (2009) conducted a study on the effect of

guided imagery on depression in patients with End Stage Renal Disease. Sixty two people with End Stage Renal Disease undergoing hemodialysis participated in the study. They were randomly assigned to either the experimental group where they received guided imagery or the control group where they continued to receive standard care. In conclusion, the study revealed that a significant decrease in perceived depression for subjects in the experimental group, whereas control group showed no significant difference in perceived depression from pre-test to post-test.

Molassiotis A et.al., (2007) conducted a randomized controlled trial study on the management of End Stage Renal Disease related depression with guided imagery among 47 patients who experienced moderate to severe depression. The study revealed that there was 36% improvement in depression levels in the experimental group, while they improved in 19%.

Man-Hua Yang et.al., (2007) conducted a study on the effectiveness of G₁ on depression in Patients with End Stage Renal Disease receiving hemodialysis treatment. Data were collected from two hemodialysis clinics in major hospital at Taiwan. Sixty two hemodialysis patients participated and randomly assigned to experimental group or a control group. The study revealed that experimental group showed significantly greater improvement than patients in the control group.

CONCEPTUAL FRAMEWORK

According to Nancy Burns, (2001) conceptual frame work is a set of interrelated concepts that symbolically represent and convey a mental image of a phenomenon.

The present study was based on Sister Callista Roy's adaptation model (1984). The goal of the model for nursing is the promotion of adaptation in physiological, self concept, role function and interdependence modes, thereby contributing to the person's health, quality of life and dying with dignity.

The model focuses on promotion of adaptation of the client during both health and illness in all four of the modes. Actions of the nurse begin with the assessment process. Then, the nurse focuses the assessment on the stimuli in influencing the individual maladaptive behaviors. The nurse may need to manipulate the environment, an element or elements of the client system or both in order to promote adaptation.

Concepts

Person

Roy's model sees the person as a bio-psychological being in constant interaction with a changing environment. The person is an open, adaptive system who uses coping skills to deal with stressors. In the present study persons are patients with End Stage Renal Disease.

Environment

Roy considers the environment as conditions, circumstances and influences that surround and affect the development and behavior of the person. In this study, it is hospitalization and treatment.

Stressors

Stressors are stimuli and the term used to describe those factors that influence on the person. For the present study stressors are hospitalization, dialysis and life style changes.

Health and Illness

Health and illness are on a continuum with many different states or degrees possible. She stated that health is the process of being and becoming an integrated and whole person. For the present study depression is the illness and reduction of depression is the health maintenance.

Roy states person as an adaptive system which has input, throughput and output.

Input

The input consists of various stimuli that influence and individuals ability to cope up with the environment. These include focal stimuli, contextual stimuli and residual stimuli.

Focal Stimuli

They are those that immediately confront the individuals in a particular situation. Focal stimuli for an individual include needs for the level of individual adaptation; and changes within the individual and with the environment. For the present study focal stimuli is depression, assessed by Modified Beck's Depression Scale.

Contextual Stimuli

Contextual stimuli are those other stimuli that influence the situation. For this study, they are Age, gender, type of work, causes of ESRD, frequency of dialysis per month.

Residual Stimuli

These are the group of stimuli which is already present in a person. For the present study, it is anxiety.

Throughput or Process

There are two inter-related subsystems in Roy's model. It consist regulator and cognator. The regulator coping subsystem, acts by physiological adaptive mode, responds automatically through neural, chemical and endocrine coping mechanisms. For the patients with End Stage Renal Disease, body tries to remove waste products from the kidney.

The cognator coping subsystem, by way of the self concept, interdependence and role function adaptive modes responds through four cognitive-emotive channels.

The four cognitive-emotive channels are perceptual information, processing, learning, judgments and emotion.

Coping Modes

The four adaptive modes of the two subsystems are as follows:

Physiologic mode

This involves the maintenance of physical integrity. Basic human needs such as nutrition, oxygen, fluids and temperature regulation are identified with this mode. For the present study maintenance of fluid, electrolyte balance and acid base balance are of the priority.

Self- concept mode

It is the need for maintenance of psychic integrity. Perception of one's physical and personal self care included in this mode. For the present study it is to maintain a hopeful view in reduction in level of depression.

Role Function Mode

When human beings adapt to various role changes that occur throughout a lifetime, they are adopting in this mode. The individual role can be assessed by observing the communication pattern and its effectiveness. For the present study, role function is the client's interaction with nurses, medical personnel to uplift his conditions.

Interdependence mode

Interdependence involves maintaining a balance between the independence and the dependence in one's own relationship with others. Dependent behaviors include affection seeking, help seeking and seeking attention. Independent behaviors include mastery of obstacles and initiative taking. For the present study patients with End Stage Renal Disease seeking help and taking initiation to practice guided imagery is included.

Output

Output is the end result of the nursing care. Output can be adaptation to the stimuli or maladaptation to the stimuli.

Adaptation

Adaptation is the process of resolving from stressors by adaptation. For the present study adaptation is the reduction of depression

Maladaptation

Maladaptation is the process of a person's non compliance which results in continuation of ill- health or development of deficit or complication. For the present study it is the client with End Stage Renal Disease in control group had no reduction in the level of depression.

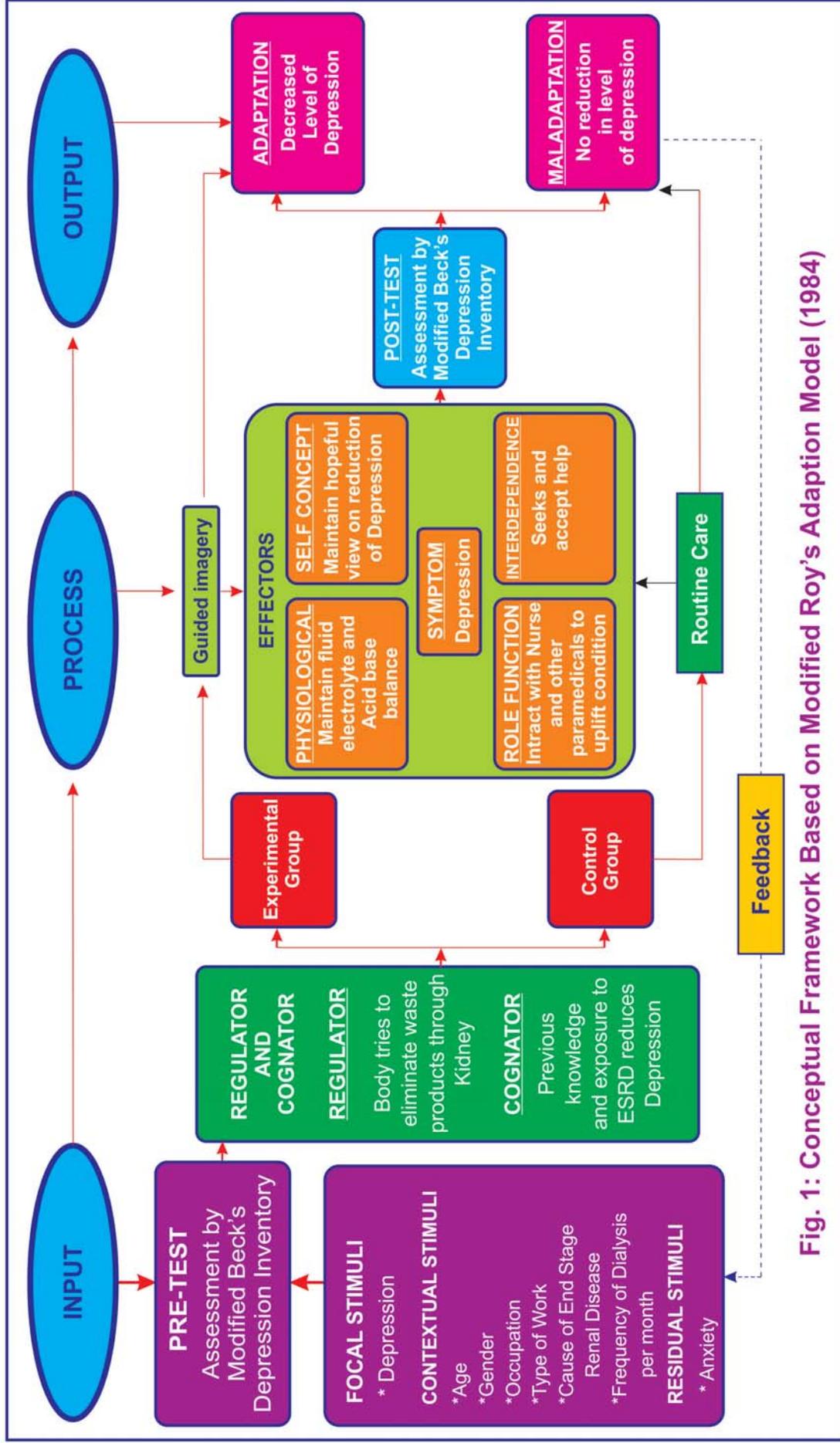


Fig. 1: Conceptual Framework Based on Modified Roy's Adaptation Model (1984)

CHAPTER III

METHODOLOGY

Methodology deals with the research approach, research design, setting of the study, population, criteria for selection of sample, sample size, sampling technique, description of tool, scoring procedure, pilot study, data collection procedure, data analysis and protection of human rights.

According to Polit and Hungler., (2004) research methodology refers to the researcher's ways of obtaining, organizing and analyzing data.

Research Approach

Polit and Hungler, (2004) defined the approach as “a general set of orderly discipline procedure used to acquire information”.

A quantitative approach was used to determine the effectiveness of Guided imagery on depression among patients with End Stage Renal Disease.

Research Design

Polit and Hungler, (2004) defined research design as “overall plan for addressing a research questions, including specification for enhancing the study integrity”.

A quasi experimental pre test post test design with control group was chosen for this study. Here depression was assessed before and after the intervention of guided imagery.

Group	Pre-test	Intervention			Post-test
	D ₁	D ₂	D ₃	D ₄	D ₅
Experimental	X ₁	O	O	O	X ₂
Control	X ₃	-	-	-	X ₄

Key

X₁ : Pre-test assessment of depression in experimental group.

X₂ : Post-test assessment of depression in experimental group.

O : Guided imagery intervention for 20 minutes twice a day for three consecutive days.

X₃ : Pre-test assessment of depression in control group.

X₄ : Post-test assessment of depression in control group.

X₁ - X₂; X₃ - X₄; X₂ - X₄ : Effectiveness of Guided imagery on depression.

Variables

Dependent Variable : Level of Depression

Independent Variable : Guided imagery

Extraneous Variables : Age, gender, occupation, type of work, causes of ESRD, frequency of dialysis per month.

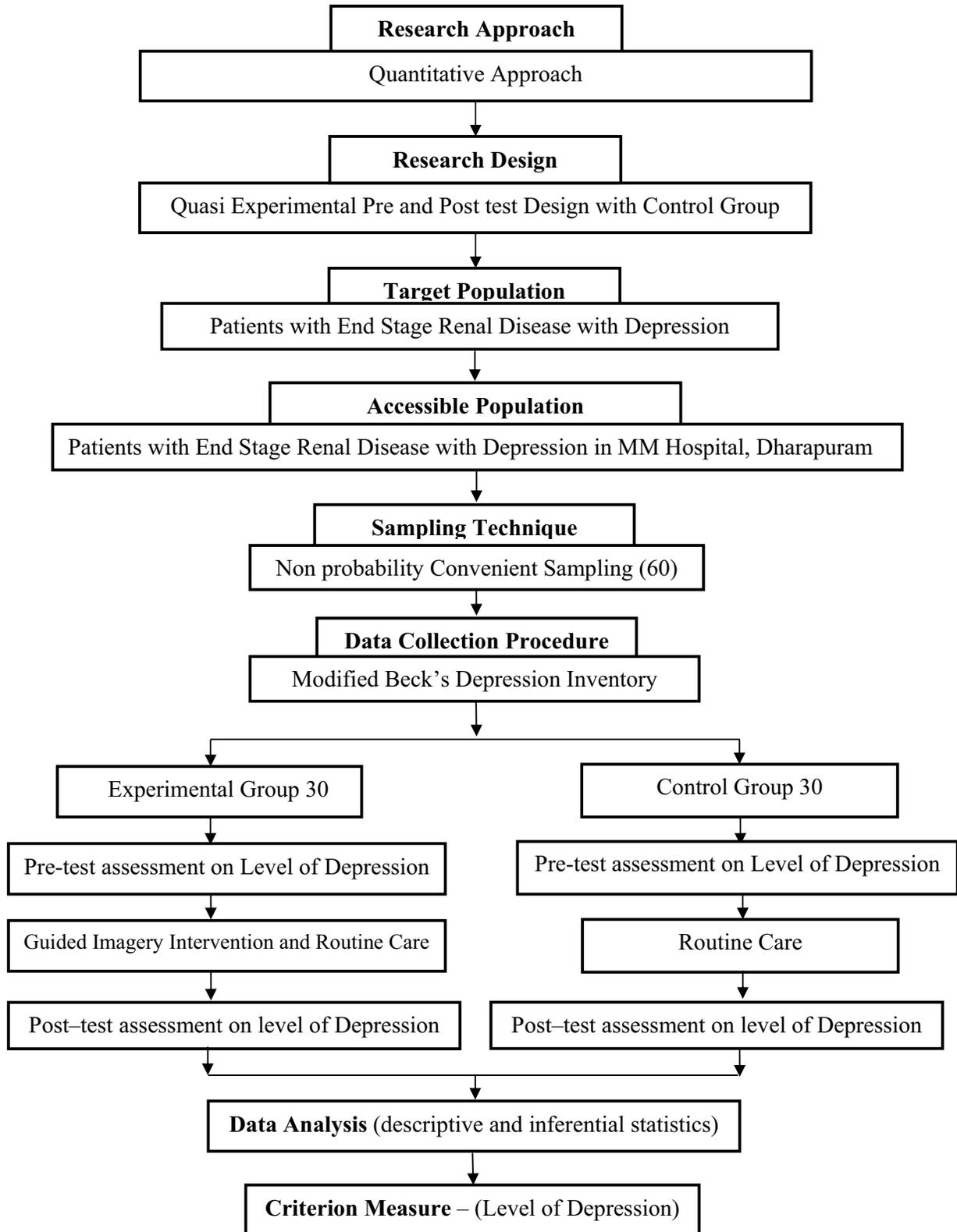


Figure 2: The Schematic Representation of Research Methodology

Setting Of The Study

The study was conducted in M.M Hospital at Dharapuram. It is 150 bedded hospital with specialized nephrology department and Dialysis unit. The nephrology ward has 30 beds and the dialysis unit 5 beds. The bed occupancy rate is 85% - 90%.

Population

According to Polit and Hungler, (2005) “A population is the entire aggregation of cases in which a researcher is interested”.

The target Population is the aggregation of cases about which the researcher would like to make generalizations. An accessible population is the section of the target population to which the researcher has reasonable access. The target population for this study was patients having End Stage Renal Disease with depression. The accessible population for this study includes patients with the End Stage Renal Diseases in M.M Hospital at Dharapuram.

Sample

According to Basavanthappa, B.T., (2003) “sampling is a process of selecting representative units of a population for study in a research it is the process of selecting a subset of a population in order to obtain information regarding a phenomenon in a way that represents the entire population”. The sample size for the study was 60. The samples were selected from the patients admitted in M.M Hospital at Dharapuram. 30 samples each were assigned to experimental and control group.

Criteria for Sample Selection

Inclusion Criteria

- Patients with End Stage Renal Disease with mild and moderate levels of depression.
- Both the genders.
- Patients who can understand Tamil or English.

Exclusion Criteria

- Patients with End Stage Renal Disease with renal transplantation.
- Patients who are critically ill.
- Patients with prescribed antidepressants.
- Patients who are not willing to participate.
- Patients with no formal education.

Sampling Technique

Sampling technique is the process of selecting a portion of the population to represent to the entire population. Non-probability purposive sampling technique was used for the study. The total sample size was 60 among them 30 samples were assigned to each in experimental and control group. Every first sample was assigned to experimental group and every second sample was assigned to control group based on inclusion criteria.

Description Of The Tool

The Modified Beck's Depression Scale was used to assess the level of depression.

The tool consisted of two parts:

Part: I

It consisted demographic variables of patients with End Stage Renal Disease. (Age, gender, occupation, type of work, causes of ESRD, frequency of dialysis per month)

Part: II

This consists of Modified Beck's Depression Scale to assess the level of depression.

This scale consisted of 21 items to assess the level of depression.

Scoring Procedures

Part: II

Regarding modified Beck's depression scale, it consisted of 21 items too assess the level of depression among patients with ESRD. Each item consisted of 0-3 scores. The highest possible score for the tool is '63' and the lowest is '0'.

The scores were classified as follows

Normal	:	0-10 (0-15%)
Mild	:	11-16 (16-25%)
Borderline	:	17-20 (26-31%)
Moderate	:	21-30 (32-47%)
Severe	:	31-40 (48-63%)
Extreme	:	Over 40 (64-65%)

Guided imagery Intervention

It is a kind of relaxation technique that the patient is purposefully guided by an audio recording on walking over the beach that is administered for 20 minutes twice a day for 3 consecutive days.

Validity and Reliability

Content Validity

According to Burns and Grove, (2005) “the validity of an instrument is the determination of the extent to which the instrument reflects the abstract construct that is being examined”.

Five experts in nursing and two experts in medicine evaluated the content validity of the instruments. Nursing experts were medical surgical nursing and medical experts were from nephrology department.

Pilot Study

Polit and Beck, (2004) denote that “pilot study is a small-scale version or trial run done in preparation of a major study”.

The researcher conducted pilot study among six patients with End Stage Renal Disease in St. Mary’s Hospital, Podanur, Coimbatore after obtaining the written permission. The purpose was to find out the feasibility of the study. It was found to be feasible.

Data Collection Procedure

The data collection procedure was done for a stipulated period of 6 weeks in Nephrology wards of MM Hospital in Dharapuram. Permission to conduct the study was obtained from the Dean, Head of the department and Unit in-charge of nephrology ward. The samples were informed by the researcher about the nature and purpose of the study. The written consent was also obtained as per rule on the 1st day. The Modified Beck's Depression Scale interview questionnaire was administered to assess pre test score of depression. Guided imagery was given on 2nd, 3rd and 4th day. Post test was done on the 5th day.

Plan for Data Analysis

The demographic variables were analyzed by using descriptive statistics (frequency & percentage). The level of depression was analyzed by using descriptive statistics (mean, standard deviation). The effectiveness of Guided Imagery on depression was analyzed by using inferential statistics (paired 't' test and individual 't' test). Association between the levels of depression among patients with End Stage Renal Disease with their selected demographic variables was analyzed by using chi square test.

Protection of Human Rights

The study was conducted after the approval of research committee of the college. The nature and purpose of this study was explained to the health care personnel involved. The written consent was obtained from the study participants. Assurance was given to the study samples that the anonymity of each individual would be maintained strictly. Guided imagery was administered to the control group after the post test to overcome the ethical issues.

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with analysis and interpretation of data collected from 60 patients with end stage renal disease in order to evaluate the effectiveness of Guided imagery on depression.

The purpose of the analysis was to reduce the collected data to an intelligible and interpretable form, so that the relation of the research problem can be studied and tested.

According to Polit and Hungler, (2005) analysis is the method of organizing, sorting and scrutinizing data in such a way that research question can be answered.

The analysis and interpretation of data was based on data collected through Modified Beck's Depression Scale. The results were computed by using descriptive (Mean, Frequency, Percentage Distribution and Standard Deviation) inferential statistics (Paired 't' Test, Independent 't' Test and Chi Square) and the results were computed.

The study findings are presented in sections as follows:

- Section I : Data on demographic variable of patients with End Stage Renal Disease
- Section II : Data on level of depression among patients with End Stage Renal Disease
- Section III : Data on effectiveness of Guided imagery on level of depression among patients with End Stage Renal Disease
- Section IV : Data on association between level of depression among Patients with End Stage Renal Disease with their selected demographic variables

SECTION I : DATA ON DEMOGRAPHIC VARIABLES OF
PATIENTS WITH END STAGE RENAL DISEASE

Table: 1.1

Frequency and Percentage Distribution of Patients with End Stage Renal Disease
According to their Selected Demographic Variables in Experimental Group

S. No	Demographic variables	Frequency (n)	Percentage (%)
			n=30
1	Age (in years)		
	a) 18-40	5	16.6
	b) 41-60	11	36.7
	c) 61-80	12	40
	d) 81 and above	2	6.7
2	Gender		
	a) Male	21	70
	b) Female	9	30
3	Occupation		
	a) Employed	14	46.7
	b) Unemployed	16	53.3
4	Type of work		
	a) Sedentary work	13	43.4
	b) Moderate work	1	3.3
	c) Heavy work	0	0
5	Cause of End Stage Renal Disease		
	a) Diabetic Nephropathy	12	40
	b) Hypertension	14	46.7
	c) Glomerulonephritis	4	13.3
	d) If other specify	0	0

(Contd..)

S. No	Demographic variables	Frequency (n)	Percentage (%)
6	Frequency of dialysis per month		
	a) < 5	0	0
	b) 6-10	3	10
	c) 11-15	27	90
	d) > 15	0	0

Table : 1 reveals that with regard to age, 5(16.6%) were in age group of 18-40 years, 11 (36.7%) were in age group of 41-60 years, 12 (40%) were in the age group of 61-80 years and 2 (6.7%) were in the age group of 81 years and above.

Regarding gender, 21 (70%) were male and 9 (30%) were female.

Regarding occupation, 14 (46.7%) were employed and 16 (53.3%) were unemployed.

Regarding type of work, 13 (43.4%) were sedentary workers, 1 (3.3%) was moderate work and 16 (53.3%) were unemployed.

Regarding cause of End Stage Renal Disease, 12 (40%) were diabetic nephropathy, 14 (46.7%) hypertension and 4 (13.3%) glomerulonephritis.

Regarding frequency of dialysis, 3 (10%) had 6-10 times and 27 (90%) had 11-15 times per month.

It was inferred that with regard to age, majority of the patients with End Stage Renal Disease 12 (40%) belonged to age group of 61-80 years, 21 (70%) of them were males, 16 (53.3%) of them were unemployed. Meanwhile among employed patients majority 43.4% of them were sedentary workers. With regard to cause of End Stage Renal Disease majority of them 14 (46.7%) belonged to hypertension and 27 (90%) were getting dialysis 11-15 times per month.

Table: 1.2

Frequency and Percentage Distribution of Patients with End Stage Renal Disease
According to their Demographic Variables in Control Group

n=30

S. No	Demographic variables	Frequency (n)	Percentage (%)
1	Age (in years)		
	a) 18-40	4	13.3
	b) 41-60	12	40
	c) 61-80	12	40
	d) 81 and above	2	6.7
2	Gender		
	a) Male	23	76.7
	b) Female	7	23.3
3	Occupation		
	a) Employed	13	43.3
	b) Unemployed	17	56.7
4	Type of work		
	a) Sedentary work	11	36.7
	b) Moderate work	2	6.6
	c) Heavy work	0	0

(Contd..)

S. No	Demographic variables	Frequency (n)	Percentage (%)
5	Cause of End Stage Renal Disease		
	a) Diabetic Nephropathy	9	30
	b) Hypertension	16	53.3
	c) Glomerulonephritis	5	16.7
	d) If other specify	0	0
6	Frequency of dialysis per month		
	a) < 5	0	0
	b) 6-10	5	16.7
	c) 11-15	25	83.3
	d) > 15	0	0

Table 1.2 reveals that with regard to age, 4 (13.3%) belongs to the age group of 18-40 years, 12 (40%) were in the age group of 41-60 years, 12 (40%) were in the age group of 61-80 years and 2 (6.7%) were 81 years and above.

Regarding gender, 23 (76.7%) were males and 7 (23.3%) were females.

Regarding occupation, 13 (43.3%) were employed and 17 (56.7%) were unemployed.

Regarding type of work, 11 (36.7%) were sedentary workers and 2 (6.6%) were moderate workers and 17 (56.7%) were unemployed.

Regarding cause of End Stage Renal Disease, 9 (30%) were diabetic nephropathy, 16 (53.3%) were hypertension and 5 (16.7%) were glomerulonephritis.

Regarding frequency of dialysis, 5 (16.7%) had 6-10 times and 25 (83.3%) had 11-15 times per month.

It was inferred that, with regard to age majority of the patients with End Stage Renal Disease, 12 (40%) of them belonged to age group of 41-60 and 61-80 years, 23 (76.7%) of them were males, 17 (56.7%) of them were unemployed. Meanwhile among employed patients majority 11 (36.7%) of them were sedentary workers,. With regard to cause of End Stage Renal Disease, majority of them 16 (53.3%) belonged to hypertension and 25 (83.3%) were getting dialysis 11-15 times per month.

SECTION II : DATA ON ASSESSMENT OF LEVEL OF DEPRESSION AMONG
PATIENTS WITH END STAGE RENAL DISEASE

Table: 2.1

Frequency and Percentage Distribution of Level of Depression among Patients with
End Stage Renal Disease in Experimental Group

N =30

S. No.	Depression	Experimental Group			
		Pre Test		Post Test	
		n	%	n	%
1.	Mild	10	33.3	20	66.7
2.	Moderate	12	40	8	26.6
3.	Severe	8	26.7	2	6.7

The above table shows the level of depression among the experimental group with End Stage Renal Disease.

Out of 30 samples in experimental group, 12 (40%) had a moderate level of depression, 10 (33.3%) had a mild level of depression and 8 (26.7%) had a severe level of depression during pre test. During post test 20 (66.67%) of them had a mild level of depression, 8 (26.6%) had a moderate level of depression and 2 (6.7%) had a severe level of depression.

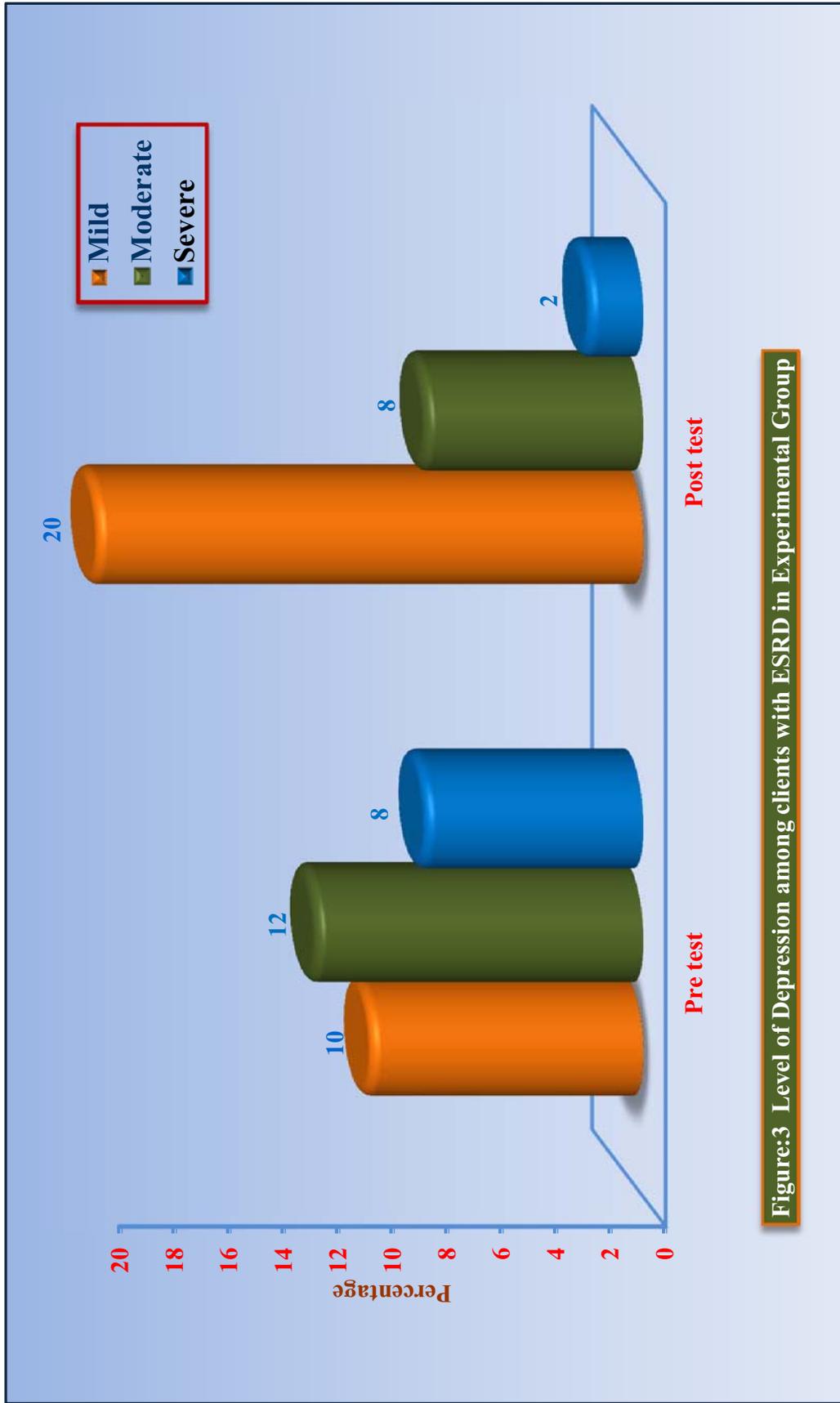


Figure:3 Level of Depression among clients with ESRD in Experimental Group

Table: 2.2

Frequency and Percentage Distribution of Level of Depression among Patients with
End Stage Renal Disease in Control Group

n =30

S.No.	Depression	Control Group			
		Pre Test		Post Test	
		n	%	n	%
1.	Mild	7	23.3	2	6.6
2.	Moderate	16	53.4	16	53.4
3.	Severe	7	23.3	12	40

The above table shows the level of depression among patients with End Stage Renal Disease. Out of 30 in control group 16 (53.4%) had moderate level of depression, 7 (23.3%) had mild and severe level of depression during pre test. At the time of post test 16 (53.4%) had moderate level of depression, 12 (40%) had severe level of depression and 2 (6.6%) had mild level of depression.

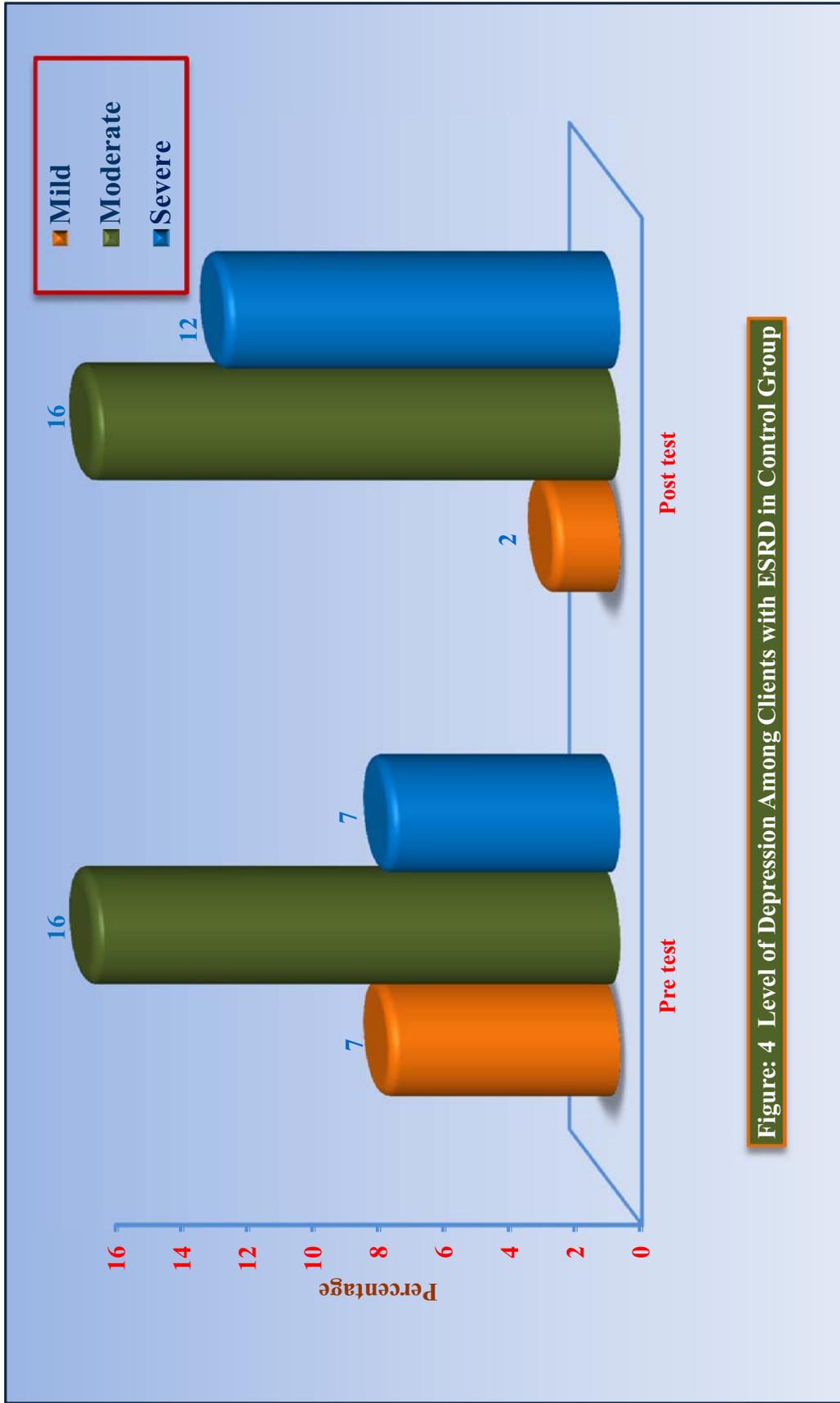


Figure: 4 Level of Depression Among Clients with ESRD in Control Group

SECTION III : DATA ON EFFECTIVENESS OF GUIDED IMAGERY ON
LEVEL OF DEPRESSION.

Table : 3.1

Mean, Standard Deviation, Mean Difference and 't' Value of Pre-test, Post-test Score of Depression among Patients with End Stage Renal Disease in Experimental Group.

n=30

S. No	Experimental Group	Mean	SD	MD	't' value
1	Pre test	5.37	1.89	1.94	11.5*
2	Post test	3.43	1.48		

* - Significant at $p < 0.05$ level.

Table 3.1 reveals that among experimental group the mean pre test score was 5.37 with standard deviation 1.89. The mean difference was 1.94. The obtained 't' value, 11.5 was significant at $p < 0.05$ level. Hence, the stated hypothesis was supported.

Table: 3.2

Mean, Standard Deviation, Mean Difference and 't' Value of Pre-test, Post-test Score of Depression among Patients with End Stage Renal Disease in Control Group.

n=30					
S. No	Control Group	Mean	SD	MD	't' value
1	Pre test	5.5	1.9	0.2	0.82 ^{NS}
2	Post test	5.7	1.51		

NS - Not Significant

Table 3.2 reveals that among control group the mean pre test score was 5.5 with standard deviation with 1.9. The mean post test was 5.7 with standard deviation 1.51. The mean difference was 0.2. The obtained t value 0.82 was not significant. Hence, the stated hypothesis was supported.

It is inferred that Guided imagery intervention was effective in reducing the level of depression among patients with End Stage Renal Disease in experimental group.

Table : 3.3

Mean, Standard Deviation, Mean Difference and 't' Value of Post-test Score of Depression among Patients with End Stage Renal Disease in Experimental and Control Group.

N=60

S. No	Group	Mean	SD	MD	't' value
1	Experimental Group Post test	3.43	1.48		
2	Control Group Post test	5.7	1.57	2.27	5.78*

* - Significant at $p < 0.05$ level

Table 3.3 reveals that among experimental group the mean post test score was 3.43 with standard deviation with 1.48. Among control group the mean post test was 5.7 with standard deviation 1.57. The mean difference was 2.27. The obtained t value 5.78 was significantly at $p < 0.05$ level. Hence, the stated hypothesis was supported.

It is inferred that Guided imagery intervention was effective in reducing the level of depression among patients with End Stage Renal Disease in experimental group.

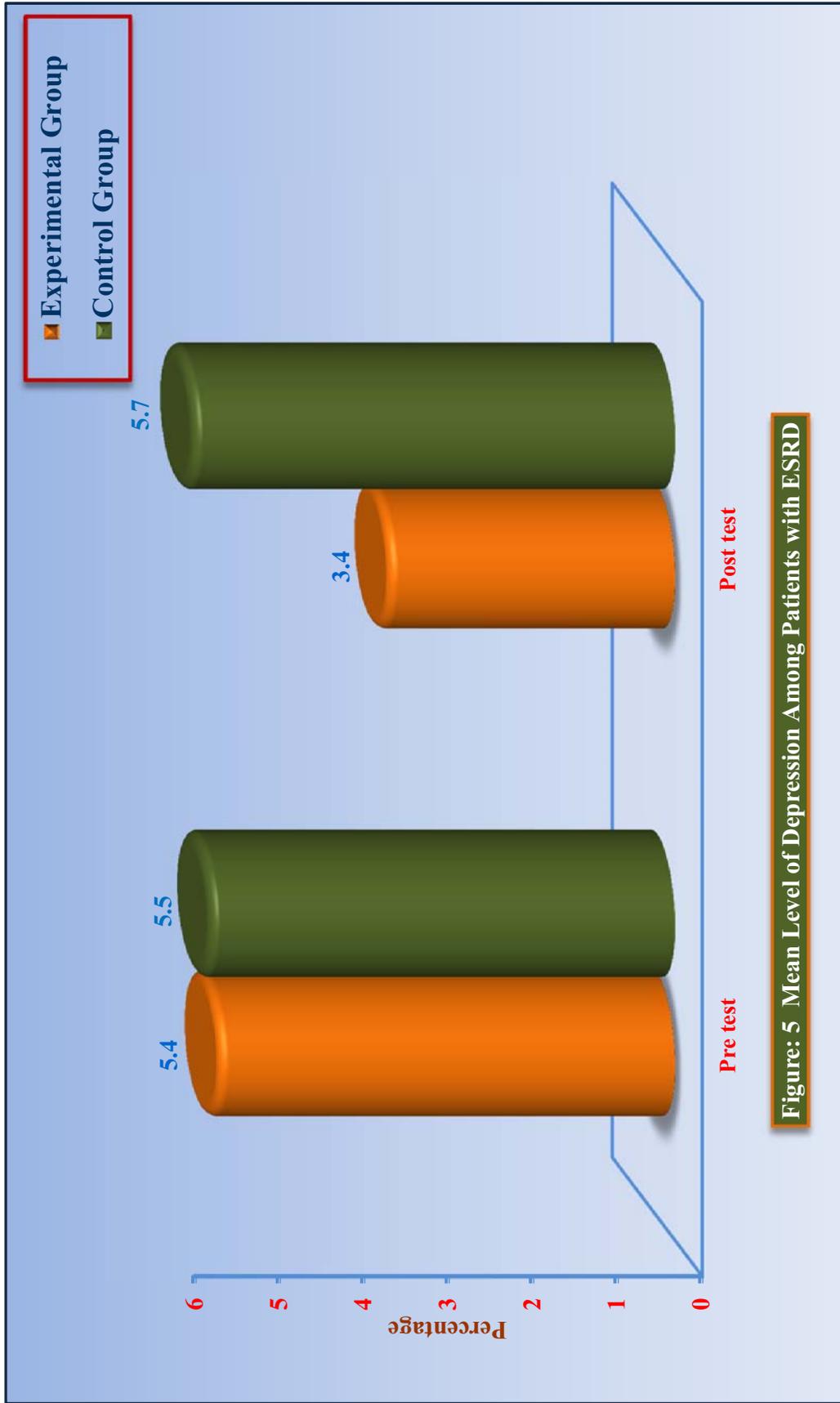


Figure: 5 Mean Level of Depression Among Patients with ESRD

SECTION IV: DATA ON ASSOCIATION BETWEEN THE LEVELS OF DEPRESSION AMONG PATIENTS WITH END STAGE RENAL DISEASE WITH THEIR SELECTED DEMOGRAPHIC VARIABLES.

Table : 4

Frequency, Percentage and χ^2 Distribution of Level of Depression among Patients with End Stage Renal Disease with their Selected Demographic Variables.

N=60

S.NO	Demographic variables	Level of Depression						χ^2 Value
		Mild		Moderate		Severe		
		N	%	n	%	n	%	
1	Age (in years)							14.03* df=6
	a) 18-40	6	10	1	1.7	2	3.3	
	b) 41-60	9	15	11	18.4	3	5	
	c) 61-80	3	5	14	23.3	7	11.7	
	d) 81 and above	0	0	2	3.3	2	3.3	
2	Gender							0.46 ^{NS} df=2
	a) Male	12	20	22	36.7	10	16.6	
	b) Female	4	6.7	7	11.7	5	8.3	
3	Occupation							5.23 ^{NS} df=2
	a) Employed	9	15	7	11.7	11	18.4	
	b) Unemployed	8	13.3	18	30	7	11.7	
4	Type of work							0.15 ^{NS} df=4
	a) Sedentary work	9	15	9	15	6	10	
	b) Moderate work	1	16.7	1	16.7	1	16.7	
	c) Heavy work	0	0	0	0	0	0	

(Contd..)

S.NO	Demographic variables	Level of Depression						χ^2 Value
		Mild		Moderate		Severe		
		N	%	n	%	n	%	
5	Cause of End Stage Renal Disease							
	a) Diabetic Nephropathy	1	1.7	15	25	5	8.3	14.29* df=6
	b) Hypertension	11	18.3	11	18.3	8	13.3	
	c) Glomerulonephritis	5	8.3	3	5	1	1.7	
	d) If other specify	0	0	0	0	0	0	
6	Frequency of dialysis per month							
	a) < 5	0	0	0	0	0	0	0.81 ^{NS} df=6
	b) 6-10	3	5	4	6.7	1	1.7	
	c) 11-15	14	23.3	25	41.7	13	21.7	
	d) > 15	0	0	0	0	0	0	

* Significant at $p < 0.05$ level, NS-Not Significant

Table 4 : reveals that, among the age group of 18-40 years, 6(10%) had mild level of depression, 1(17%) had moderate level of depression and 2(33%) had severe level of depression. Among 41-60 years, 9(15%) had mild level of depression, 11(18.4%) had moderate level of depression and 3(5%) had severe level of depression. Among 61-80 years, 3(5%) had mild level of depression, 14(23.3%) had moderate level of depression, 7(11.7%) had severe level of depression. Among 81 years and above, 2(3.3%) had moderate level of depression and 2(3.3%) had severe

level of depression. The obtained χ^2 value 14.03 was significant at $p < 0.05$ level. Hence, the stated hypothesis was supported.

It also reveals that with regard to gender, among males, 12(20%) had mild level of depression, 22(36.7%) had moderate level of depression and 10(16.6%) had severe level of depression. Among females, 4(6.7%) had mild level of depression, 7(11.7%) had moderate level of depression, 5(8.3%) had severe level of depression. The obtained χ^2 value 0.46 was not significant. Hence, the stated hypothesis was not supported.

It also reveals that, with regard to occupation, among employed 9(15%) had mild level of depression, 7(11.7%) had moderate level of depression and 11(18.4%) had severe level of depression. Among unemployed 8(13.3%), had mild level of depression, 18(30%) had moderate level of depression and 7(11.7%) had severe level of depression. The obtained χ^2 value 5.23 was not significant. Hence, the stated hypothesis was not supported.

It also reveals that, with regard to type of work, among sedentary workers 9(15%), had mild level of depression and moderate level of depression and 6(10%) had severe level of depression. Among moderate workers 1(16.7%), had mild level of depression, moderate and severe level of depression. The obtained χ^2 value 0.15 was not significant. Hence, the stated hypothesis was not supported.

It also reveals that, with regard to cause of End Stage Renal Disease, among diabetic nephropathy 1(1.7%), had mild level of depression, 15(25%) had moderate

level of depression and 5(8.3%) had severe level of depression. Among hypertension 11(18.3%), had both mild and moderate level of depression and 8(13.3%) had severe level of depression. Among glomerulonephritis 5(8.3%), had mild level of depression, 3(5%) had moderate level of depression and 1(1.7%) had severe level of depression. The obtained χ^2 value 14.29 was significant at $p < 0.05$ level. Hence, the stated hypothesis was supported.

It also reveals that, with regard to frequency of dialysis per month, among 6-10 times 3(5%), had mild level of depression, 4(6.7%) had moderate level of depression and 1(1.7%) had severe level of depression. Among 11-15 times 14(23.3%), had mild level of depression, 25(41.7%) had moderate level of depression and 13(21.7%) had severe level of depression. The obtained χ^2 value 0.81 was not significant. Hence, the stated hypothesis was not supported.

It is inferred that there was no association for gender, occupation, type of work, and frequency of dialysis per month. Hence, the stated hypothesis was rejected for gender, occupation, type of work and frequency of dialysis per month. There was a significant association for age and cause of End Stage Renal Disease among patients ESRD and their level of depression.

CHAPTER V

DISCUSSION

The present study aims to evaluate the effectiveness of Guided imagery on depression among patients with End Stage Renal Disease. The study was conducted by using quasi experimental design. M.M hospital at Dharapuram was selected for conducting the study. The sample was 60 among which 30 for experimental and 30 for control group.

The modified Beck's depression scale which include 21 items to assess the level of depression among patients with ESRD.

The responses were analyzed through descriptive statistics (Mean, Standard Deviation, Frequency and Percentage) and inferential statistics (Independent 't' Test, Paired 't' Test and Chi Square). The findings were computed based on the objective of the study.

The first objective of the study was to evaluate the effectiveness of Guided imagery on depression among patients with End Stage Renal Disease.

Accordingly objective of the study was to assess the level of depression among patients with End Stage Renal Disease before and after Guided imagery intervention in experimental group.

Among experimental group, in the pre test 10 (33.3%) patients had mild level of depression, 12(40%) had moderate level of depression and 8 (26.7%) had severe level of depression.

Among control group, in the pre test 7(23.3%) patients had mild level of depression, 16(53.4%) had moderate level of depression and 7(23.3%) had severe level of depression. In the post test 2(6.6%) patients had mild level of depression, 16(53.4%) had moderate level of depression and 12(40%) patients had severe level of depression.

The findings were also supported by Megud E.I. Nahus (2002) stated that End Stage Renal Disease is more common in males than in females. Furthermore, indirect evidence suggests that the rate of progression of a wide range of nephropathies is faster in males.

The findings also supported by Shioh Luan Tsay., (2004) conducted a randomized controlled trial to investigate the effectiveness of Guided imagery on depression among patients with End Stage Renal Disease. A total of 106 participants were included in the study. The measures included the Beck's depression scale. Data of depression measure were collected at pre treatment and on 2nd, 3rd and 4th day. The post-test revealed that patients in the experimental group were significantly having lower scores of depression than patients in the control group. In conclusion, the study provided an alternative method for health care providers to managing End Stage Renal Disease patients with depression. Post-test revealed that the patients in the experimental group were significantly having lower scores of depression than patients

in the control group. Comparisons indicated that there were significant differences between the experimental group ($p=0.01$) and control group ($p=0.003$).

The second objective of the study was to evaluate the effectiveness of Guided imagery on depression among clients with End Stage Renal Disease before and after Guided imagery intervention among experimental group. The study finding reveals that, there was a significant reduction in depression among experimental group.

This results are supported by Man-Hua Yang et.al., (2007) who conducted a study on the effectiveness of Guided Imagery on depression among Sixty two patients with End Stage Renal Disease receiving hemodialysis treatment. Patients in the experimental group received Guided imagery for 20 minutes twice a day for three consecutive days. The control group received only routine unit care. The study revealed that experimental group showed significantly greater improvement than patients in the control group.

The third objective of the study was to determine the association between level of depression among patients with ESRD and their selected demographic variables.

It is inferred that there was no association for gender, occupation, type of work, and frequency of dialysis per month. Hence, the stated hypothesis was rejected for gender, occupation, type of work and frequency of dialysis per month. There was a significant association for age and cause of End Stage Renal Disease among clients ESRD and their level of depression.

CHAPTER VI

SUMMARY, CONCLUSION AND RECOMMENDATIONS

This chapter deals with Summary, Conclusion and Recommendation of the study. Further it includes implications for the Nursing practice, Nursing education, Nursing administration and Nursing research.

Summary Of The Study

The present study was done to evaluate the effectiveness of Guided imagery on depression among patients with End Stage Renal Disease in M.M Hospital, Dharapuram.

The Objectives Of The Study

A quasi experimental pre test and post test design used to evaluate the effectiveness of Guided imagery on depression among patients with End Stage Renal Disease in a selected hospital at Dharapuram.

Convenient sampling technique was adopted to select the samples with inclusion criteria sample size was 60, among which 30 samples in experimental and 30 samples in control group were selected.

The data collection tool consisted of two parts.

Part I: Selected demographic variables of patients with End stage Renal Disease.

Part II: Modified Beck's Depression Scale to assess the level of depression.

The content validity was checked by experts in nursing and medicine. Data collection was done using modified Beck's Depression Scale questionnaire. Pre test was done on day '1st' followed by Guided imagery intervention on 2nd, 3rd and on 4th day for experimental group. This intervention was given for twenty minutes twice a day. Post test was done on the 5th day among experimental and control group.

The collected data were analyzed by using both descriptive statistics (Mean, Standard Deviation, Frequency and Percentage) and inferential statistics (Paired 't' test, Independent 't' Test and Chi-Square) and results were calculated.

Major Study Findings

The Major findings of the study are

Regarding the demographic variables of the experimental group, 40% of the patients were in the age group of 61-80 years, 70% of them were males, 53.3% of them were unemployed, 43.4% were sedentary workers, 46.7% of the cause of End Stage Renal Disease were hypertension and regarding frequency of dialysis 90% of them had 11-15 times per month.

Regarding the demographic variables of the control group 40% of them were in the age group of 41-60 and 61-80 years, 76.7% of them were males, 56.7% of them were unemployed, 36.7% of them were sedentary workers, 53.3% of the cause of End Stage Renal Disease were hypertension and regarding frequency of dialysis 83.3% of them had 11-15 times per month.

With regard to effectiveness of Guided imagery on depression among patients with End Stage Renal Disease, the mean post test score of depression was less than the mean pretest score among experimental group. The obtained 't' value 11.5 was significant at $p < 0.05$ level.

With regard to effectiveness Guided imagery on depression among patients with End Stage Renal Disease, among control group in comparison with experimental group, has shown a rise of level of depression with reporting mild, moderate and severe depression.

With regard to the association between the level of depression with their selected demographic variables, the study findings have revealed that there was significant association between depression with age group and cause of End Stage Renal Disease.

After the intervention severity of the depression was reduced among experimental group, but among control group there was no considerable changes in severity of depression.

Conclusion

The main conclusion drawn from these present study was that most of the patients with End Stage Renal Disease had significant level of depression. Samples become familiar and found themselves comfortable and also express satisfaction. After the completion of the study, subjects in control group were exposed to Guided

imagery techniques. The present study concludes that Guided imagery is effective in reducing the level of depression among patients with End Stage Renal Disease.

Implications Of The Study

Nursing implication is usually includes specific suggestions for Nursing Practice, Nursing Education, Nursing Administration and Nursing Research. Nursing Implication for this study was enlisted below.

Nursing Practice

The Nurse Practitioner can:

- Learn accurate assessment of depression using Modified Beck's Depression Scale.
- Develop sensitivity of the effect of Guided imagery on reduction of depression among patients will End Stage Renal Disease.
- Encourage the importance of Guided imagery as a complementary therapy in reducing the level of depression among patients with End Stage Renal Disease.

Nursing Education

The Nurse Educator can:

- Learn accurate assessment of depression among patients with End Stage Renal Disease.
- Teach nursing students about the guided imagery as a complementary therapy in reducing the level of depression.
- Understand and bring Guided imagery intervention into practice

Nursing Administration

- In service education program can be organized for the nurses on this complementary technique.
- Nursing administrator can encourage students to conduct research on various complementary techniques.

Nursing Research

- The study findings can be added to the research review regarding the effectiveness of Guided imagery on reducing depression.
- The study findings can be set as the base line data and further research can be conducted in same setting.

Recommendations

- The same study can be conducted in different setting such as hospital, community, rehabilitation centers etc.
- The study can be conducted for larger samples.
- The study can be conducted in community for long duration.
- Effectiveness of this Guided imagery techniques can be compared with other complementary therapies to find its effectiveness.

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APPENDIX A

LETTER REQUESTING EXPERTS OPINION FOR CONTENT VALIDITY OF THE TOOLS INTERVENTION

ANNAI MEENAKSHI COLLEGE OF NURSING

Affiliated with the Tamil Nadu Dr. M.G.R. Medical University, Chennai.
Approved by the Indian Nursing Council, New Delhi &
Tamil Nadu Nurses and Midwives Council, Chennai.

Madukkarai Market Road,
P.B. No. 4431
Industrial Estate Post,
COIMBATORE - 641 021.

0422 - 6562705
94421 75641
98435 24219

Phone : 0422 - 2675641, 2672705
Fax : 0422 - 2676016
Email : ceandct@dataone.in
ceandct@gmail.com
Website: www.annaimeenakshi.in

Ref. No.

Requisition for Content Validity

Date :

From
Mrs. Piraveena.R
II - Year M.Sc(N)
Annai Meenakshi College of Nursing,
Coimbatore - 21.

Through
The Principal,
Annai Meenakshi College of Nursing,
Coimbatore - 21.

To

Respected Sir/Madam,

Sub: Requisition for expert opinion and suggestion for content
validity of the tools - Reg.

I am a student of M.Sc., Nursing II year of Annai Meenakshi College of Nursing, Coimbatore, affiliated to The Tamil Nadu Dr. M.G.R. Medical University, Chennai. As a partial fulfillment of the M.Sc., Nursing programme. I am conducting a "A study to Evaluate The Effectiveness of Guided imagery on level of pain among post operative patients in selected hospital at Dharapuram". I am hereby enclosing the following:

Statement and objectives of the study

1. Hypothesis
2. Methodology
3. Tool
4. Intervention
5. Content Validity certificate.

Herewith I am submitting the developed tool for content validity and for expert opinion and possible suggestion. It will be grateful to you and request you to return the same to the undersigned at the earliest possible.

Thanking you,

Yours faithfully,

Place: Coimbatore

Date:

Forwarded
T. T. C.
PRINCIPAL
Annai Meenakshi College of Nursing
COIMBATORE 641 021.

Managed by : CHEMISTS EDUCATIONAL & CHARITABLE TRUST
Administrative Office : College Campus, Madukkarai Market Road, Coimbatore - 641 021.

APPENDIX B
CERTIFICATE OF VALIDATION

ANNAI MEENAKSHI COLLEGE OF NURSING

Affiliated with the Tamil Nadu Dr. M.G.R Medical University, Chennai.
Approved by the Indian Nursing Council, New Delhi &
Tamil Nadu Nurses and Midwives Council, Chennai.

Madukkarai Market Road,
P.B. No. 4431
Industrial Estate Post,
COIMBATORE - 641 021.

0422 - 6592795
94421 75641
98435 24219

Phone : 0422 - 2675641, 2672705
Fax : 0422 - 2676016
Email : ceandct@dataone.in
ceandct@gmail.com
Website: www.annaimeenakshi.in

Ref. No.

Date :

Certificate of Validation

This is to certify that the tool submitted by **Mrs. Piraveena.R., M.Sc., (N) II - Year** student of Annai Meenakshi College of Nursing, Coimbatore, Tamil Nadu (Affiliated to The Tamil Nadu Dr. M.G.R. Medical University, Chennai) is validated by undersigned and can proceed with this tool and conduct the dissertation entitled conducting "A study to Evaluate The Effectiveness of Guided imagery on level of Depression among patients with ESRD in selected hospital at Dharapuram".

Place: Coimbatore

Signature

Date:

Name and Designation

APPENDIX–C

Name List of Experts who validated the Tool

Prof. Dr. S.VEERAKESARI, M.D.,
CONSULTANT PHYSICIAN,
SHRI MEENAKSHI HOSPITAL,
COIMBATORE.

Dr. S. Ravi, M.B.B.S.,DO
Consultant physician,
Nivetha Hospital,
Dharapuram.

Dr. L. Deivamathi, M.B.B.S.,DGO
Consultant physician,
Nivetha Hospital,
Dharapuram.

Mrs. C.Eswari, M.Sc (N).,
Associate Professor,
Annai Meenakshi College of Nursing,
Coimbatore.

Mrs. A. Revathi, M.Sc (N).,
Assistant Professor,
Annai Meenakshi College of Nursing,
Coimbatore.

Mrs. S.Kalpana, M.Sc (N).,
Associate Professor,
Bishop College of Nursing,
Dharapuram.

Mrs. R. Tamil selvi, M.Sc (N).,
Associate Professor,
Bishop College of Nursing,
Dharapuram.

APPENDIX-D

LETTER SEEKING AND GRANTING PERMISSION

ANNAI MEENAKSHI COLLEGE OF NURSING

Affiliated with the Tamil Nadu Dr. M.G.R Medical University, Chennai.
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Madukkarai Market Road,
P.B. No. 4431
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COIMBATORE - 641 021.

0422 - 6562705
94421 75641
98435 24219

Phone : 0422 - 2675641, 2672705
Fax : 0422 - 2676016
Email : ceandct@dataone.in
ceandct@gmail.com
Website: www.annaimeenakshi.in

From
Ref. No. Mrs. Piraveena.R
II year M.Sc.,(N)
Annai Meenakshi College of Nursing,
Coimbatore - 21.

January 2, 2015

Date

To
Chief Medical Officer
M. M. Hospital,
Dharapuram.
Tirupur -Dt.

Through Principal of Annai Meenakshi College of Nursing,

Respected Sir/Madam,

Sub: Conduct study - Permission - Request - Regarding

I am Mrs. Piraveena.R., doing M.Sc., Nursing II year in Annai Meenakshi College of Nursing, Coimbatore. As a part of requirement given by The Tamilnadu Dr.M.G.R. Medical University, Chennai. I need to conduct "A study to Evaluate The Effectiveness of Guided imagery on level of Depression among patients with ESRD in selected hospital at Dharapuram". Hence I request you to kindly permit me to collect data during the month of January and February -2015.

Thanking you

Yours faithfully,

I have agreed

Dr. M. Musthi Begam, M.B.B.S.,
Senior Civil Assistant Surgeon,
DHARAPURAM.
Regd - 32093



APPENDIX E
CONSENT FORM

Respected Sir / Madam,

I am R.Piraveena, I am doing my second year M.Sc., (N) in AnnaiMeenakshi College of Nursing. I am conducting a Research on “Effectiveness Of Guided imagery On Depression Among Patients With End Stage Renal Disease In A Selected Hospital at TamilNadu”. I request your co-operation to complete my research. I assure you that you won't get any harm due to this intervention.

I Mr. / Mrs. was explained about the Effectiveness Of Guided imagery On Depression Among Patients With End Stage Renal Disease by Mrs. R.Piraveena. She explained me the benefits of this intervention. I agree with this intervention of guided imagery and this study project whole heartedly.

Yours faithfully,

Date :

Time :

APPENDIX-F

STRUCTURED QUESTIONNAIRE (English)

PART II

MODIFIED BECK'S DEPRESSION SCALE TO ASSESS THE LEVEL OF DEPRESSION

Please put mark (✓) on the appropriate column.

1. Sadness

- a) I do not feel sad. ()
- b) I feel sad much of the time. ()
- c) I am sad all the time. ()
- d) I am so sad or unhappy that I can't stand it. ()

2. Pessimism

- a) I am not discouraged about my future. ()
- b) I feel more discouraged about my future than I used to be. ()
- c) I do not expect things to work out for me. ()
- d) I feel my future is hopeless and will only get worse. ()

3. Past Failure

- a) I do not feel like a failure. ()
- b) I feel I have failed more than I should have. ()
- c) As I look back, I see a lot of failure. ()
- d) I feel I am a total failure as a person. ()

4. Loss of Pleasure

- a) I get as much pleasure as out of things I used to. ()
- b) I don't enjoy things as much as I used to. ()
- c) I have little pleasure from the things I used to enjoy. ()
- d) I can't get any pleasure from the things I used to enjoy. ()

5. Guilty Feelings

- a) I don't feel particularly guilty. ()
- b) I feel guilty over many things I have done or should have done. ()
- c) I feel guilty most of the time. ()
- d) I feel guilty all of the time. ()

16. Punishment Feelings.

- a) I don't feel I am being punished. ()
- b) I feel I may be punished. ()
- c) I expect to be punished. ()
- d) I feel I am being punished. ()

7. Self-Dislike

- a) I feel the same about myself as ever. ()
- b) I have lost confidence in myself. ()
- c) I disappointed in myself. ()
- d) I have lost confidence in myself. ()

8. Self-Criticalness

- a) I don't criticize or blame myself more than usual. ()
- b) I am more critical or myself than I used to be. ()
- c) I criticize myself for all of my faults. ()
- d) I blame myself for everything bad that happens. ()

9. Socialization

- a) I feel level of socialization remain the same as earlier. ()
- b) I show less interest in socialization. ()
- c) I try to withdraw from socializing with others. ()
- d) I feel good to be alone. ()

10. Crying

- a) I Don't cry any more than. ()
- b) I cry over every little thing. ()
- c) I feel like crying. But I can't. ()

11. Agitation

- a) I am no more worry or wound up than usual. ()
- b) I feel more disturb or wound up than usual. ()
- c) I am so disturb or agitated that it's hard to stay still. ()
- d) I am so restless or agitated that I have to keep moving
or doing something. ()

12. Loss of Interest

- a) I have not interest in other people or activities. ()
- b) I am less interest in other people or things than before. ()
- c) I have lost most of my interest in other people or things. ()
- d) It's hard to get interest in anything. ()

13. Indecisiveness

- a) I make decisions about as well as ever. ()
- b) I find it more difficult to make decisions than usual. ()
- c) I have much greater difficulty in making decisions than I used to. ()
- d) I have trouble in making any decisions. ()

14. Worthlessness

- a) I do not feel I am worthless. ()
- b) I don't consider myself as worthwhile and useful as I used to. ()
- c) I feel more worthless as compared to other people. ()
- d) I feel utterly worthless. ()

15. Loss of Energy

- a) I have as much energy as ever. ()
- b) I have less energy than I used to have. ()
- c) I don't have enough energy to do very much. ()
- d) I don't have enough energy to do anything. ()

16. Changes in Sleeping Pattern

- a) I can sleep as well as usual. ()
- b) I don't sleep as well as I used to. ()
- c) I wake up 1-2 hours earlier than usual and find it hard to get back to sleep. ()
- d) I wake up several hours earlier than I used to and cannot get back to sleep. ()

17. Irritability

- a) I am no more irritable than usual. ()
- b) I am more irritable than usual. ()
- c) I am much more irritable than usual. ()
- d) I am irritable all the time. ()

18. Change in Appetite

- a) My appetite is no worse than usual. ()
- b) My appetite is not as good as it used to be. ()
- c) My appetite is much worse now. ()
- d) I have no appetite at all time. ()

19. Concentration Difficulty

- a) I can concentrate as well as ever. ()
- b) I can't concentrate as well as usual. ()
- c) It's hard to keep my mind on anything for keep long. ()
- d) I find I can't concentrate on anything. ()

20. Responsibility

- a) I take responsibility of my family. ()
- b) I get confused while taking responsibility of my family. ()
- c) I am not interested in taking responsibility of my family. ()
- d) I am always with draw from responsibility of my family. ()

21. Loss of Interest in sex

- a) I have not noticed any recent change in my interest in sex. ()
- b) I am less interested in sex than I used to be. ()
- c) I am much less interested in sex now. ()
- d) I have lost interest in sex completely. ()

பிற்சேர்க்கை -G

பகுதி - II

மன இறுக்கத்தின் அளவை கண்டறிதல்

சரியான இடத்தில் (✓) செய்யவும்

1. வருத்தமாக இருப்பது பற்றிய உணர்வு ()
 - அ. உணரவில்லை ()
 - ஆ. பல சமயங்களில் உணருகிறேன். ()
 - இ. எப்பொழுதும் உணருகிறேன். ()
 - ஈ. தாங்கிக் கொள்ள முடியாத அளவு உணருகிறேன். ()

2. எதிர்காலத்தைப் பற்றிய எதிர்மறை எண்ணம் ()
 - .அ. எதிர்காலத்தை குறைவாக மதிப்பிட வில்லை ()
 - ஆ. எப்பொழுதையும் விட குறைவாக மதிப்பிடுகிறேன் ()
 - இ. நான் எடுத்த காரியங்களில் எதுவும் நினைவேறாது ()
 - ஈ. நம்பிக்கையற்று மிகக் கெடுதலாக நினைக்கிறேன். ()

3. கடந்த கால தோல்விகள் பற்றிய எண்ணம் ()
 - அ. தோல்வி மடைந்ததாக எண்ணவில்லை ()
 - ஆ. எதிர்பார்த்ததை விட அதிகமான தோல்விகள் ()
 - இ. மிக அதிகமான தோல்விகள் ()
 - ஈ. முழுமையாக தோல்வி அடைந்தேன் ()

4. சந்தோசக் குறைவு ()
 - அ. வழக்கம் போல் எல்லா சந்தர்பங்களிலும் இன்பமாக இருக்கிறேன் ()
 - .ஆ. எப்போதும் இருப்பது போல் தற்போது இன்பமாக இல்லை. ()
 - இ. மிகவும் பிடித்த விசயங்களில் இருந்து கூட குறைந்த இன்பமே கிடைக்கிறது. ()
 - ஈ. மிகவும் பிடித்த விசயங்களில் இருந்து இன்பம் கிடைப்பதில்லை. ()

5. குற்ற எணர்வு

- அ. குற்ற உணர்வு அடைந்ததில்லை ()
- ஆ. செய்ய வேண்டிய மற்றும் செய்த பல காரியங்களால் குற்ற உணர்வு அடைந்திருந்தேன். ()
- இ. பல நேரங்களில் குற்ற உணர்வோடு இருக்கிறேன். ()
- ஈ. எப்பொழுதும் குற்ற உணர்வோடு இருக்கிறேன். ()

6. தண்டனை உணர்வுகள்

- அ. தண்டனை பெறவதாக உணர்வதில்லை ()
- ஆ. தண்டனை கிடைக்க கூடும் என உணர்கிறேன் ()
- இ. தண்டனை கிடைப்பதாக உணர்கிறேன் ()
- ஈ. தண்டனை எதிர்பார்க்கிறேன். ()

7. சுய வெறுப்பு

- அ. சுய எண்ணம் வழக்கத்தைப் போல் உள்ளது. ()
- ஆ. எனமீது உள்ள நம்பிக்கையை இழந்துவிட்டேன். ()
- இ. என்னைப் பற்றி ஏமாற்றமாக உள்ளது. ()
- ஈ. எனக்கே என்னைப் பிடிக்கவில்லை. ()

8. சுய குற்றச்சாட்டு

- அ. வழக்கத்தை விட அதிகமாக குற்றம் சாடவில்லை ()
- ஆ. வழக்கத்தை விட அதிகமாக குற்றம் சாட்டுகிறேன். ()
- இ. நான் செய்யும் அனைத்து தவறுகளுக்கும் என்னையே குற்றம் சாட்டிக் கொள்கிறேன். ()
- ஈ. என்னை சுற்றி நடக்கும் அனைத்து தவறுகளுக்கும் என்னையே குற்றம் சாட்டிக் கொள்கிறேன். ()

9. சமூக உறவு

- அ. சமூக உறவு முன்பு இருந்ததைப் போல் இப்பொழுதும் இருப்பதாக நான் உணர்கிறேன் ()
- ஆ. சமூக உறவின் மீது நான் குறைந்த அளவு ஆர்வம் காட்டுகிறேன் ()
- இ. மற்றவர்களிடம் கொண்ட சமூக உறவிலிருந்து நான் விலகி வர முனைகிறேன். ()
- ஈ. தனிமையாக இருப்பதை நான் விரும்புகிறேன். ()

10. அழகை ()

- ஆ. வழக்கத்தை விட அதிகமாக அழகிறேன். ()
- இ. சின்னச்சின்ன விஷயங்களுக்கு கூட அழகிறேன். ()

11. படபடப்பு

- அ. வழக்கத்தை விட அதிகமாக படபடப்பாக இருப்பதை உணரவில்லை ()
- ஆ. வழக்கத்தை விட அதிகமாக படபடப்பாக இருப்பதாக உணர்கிறேன். ()
- இ. படபடப்பாக இருப்பதை விட அமைதியாக இருப்பது மிகவும் கடினமாக உணர்கிறேன். ()
- ஈ. படபடப்பாக இருப்பதால் எதாவது செய்து கொண்டே இருக்கிறேன் ()

12. ஆர்வம் இல்லாமை

- அ. மக்களிடம் ஆர்வத்தை இழக்கவில்லை ()
- ஆ. முன்பைவிட மற்ற விஷயங்களில் மிகவும் ஆர்வம் குறைந்துள்ளது. ()
- இ. மக்களிடம் மிகவும் ஆர்வம் குறைந்துள்ளது. ()
- ஈ. எந்த விஷயத்திலும் வருவது மிகவும் கடினமாக உள்ளது. ()

13. முடிவு எடுக்க முடியாமை

- அ. எப்பொழுதும் போல் முடிவு எடுக்கிறேன். ()
- ஆ. வழக்கத்தைப் போல் முடிவு எடுப்பதில் அதிக கடினத்தை உணருகிறேன். ()
- இ. வழக்கத்தை போல் முடிவு எடுப்பது மிகவும் கடினமாக உள்ளது ()
- ஈ. முடிவு எடுக்க முடிய வில்லை

14. மதிப்பின்மை

- அ. மதிப்பில்லாத மாதிரி என்னை நினைக்கவில்லை ()
- ஆ. என்னைப் பற்றி எனக்கே மதிப்புடையவராக நான் உணரவில்லை ()
- இ. மற்றவர்களை என்னுடன் ஒப்பிடும் போது மதிப்பில்லாதது போல உணர்கிறேன். ()
- ஈ. முழுமையாக மதிப்பு இழந்ததாக உணர்கிறேன். ()

15. பலவீனம்

- அ. எப்பொழுதும் போல் சக்தியாக உள்ளேன் ()
- ஆ. வழக்கத்தை விட பலம் குறைந்ததாக உள்ளேன். ()
- இ. என் பலவீனத்தால் என்னால் சில காரியங்கள் செய்யமுடியவில்லை ()
- ஈ. எந்த காரியத்தை செய்யவும் பலம் இல்லை ()

16. தூக்கத்தை பழக்க வழக்கங்கள் மாற்றம்

- அ. வழக்கம் போல் தூங்குகிறேன் ()
- ஆ. வழக்கம் போல் நான் தூங்குவதில்லை ()
- இ. வழக்கத்தை விட 1-2 மணிநேரம் முன்பே விழிக்கிறேன் மறுபடியும் தூங்குவதற்கு சிரமமாக உள்ளது. ()
- ஈ. வழக்கத்தை விட பல மணி நேரம் முன்னதாகவே விழிக்கிறேன் மற்றும் மறுபடியும் தூங்க முடியவில்லை. ()

17. எரிச்சல்

- அ. வழக்கத்தை விட அதிகமாக எரிச்சல் அடைவதில்லை ()
- ஆ. வழக்கத்தை விட அதிகமாக எரிச்சல் அடைகிறேன் ()
- இ. வழக்கத்தை விட மிக அதிகமாக எரிச்சல் அடைகிறேன் ()
- ஈ. எப்பொழுதும் எரிச்சலாக உள்ளேன். ()

18. பசியில் மாற்றம்

- அ. பசியில் எந்த மாற்றமும் இல்லை ()
- ஆ. வழக்கத்திற்கு மாறாக கொஞ்சம் குறைவாக உள்ளது ()
- இ. வழக்கத்தை விட பசி அதிகமாக உள்ளது. ()
- ஈ. எப்பொழுதும் பசி இல்லை ()

19. கவனக் குறைவு

- அ. கவனம் வழக்கத்தைப் போல் உள்ளது ()
- ஆ. வழக்கத்தைப் போல் செலுத்த முடியவில்லை ()
- இ. எதன்மேலும் அதிக நேரம் கவனம் செலுத்த முடியவில்லை ()
- ஈ. எதன் மேலும் செலுத்த முடியவில்லை ()

20. கடமை உணர்வு

- அ. நான் என்னுடைய குடும்பத்தின் மீது உணர்வு கொண்டுள்ளேன். ()
அடைகிறேன்.
- இ. எனக்கு என்னுடைய குடும்பத்தின் மீது கடமை உணர்வு கொள்தால் ()
விருப்பம் இல்லை
- ஈ. நான் என்னுடைய குடும்பத்தின் மீது கொண்ட கடமை உணர்வை ()
எப்பொழுதும் தவறவிடுகிறேன்.

21. தாம்பத்திய வாழ்க்கையில் ஆர்வமின்மை

- அ. எந்த மாற்றமுமில்லை ()
- ஆ. ஆர்வம் குறைந்துள்ளது ()
- இ. ஆர்வம் மிகக் குறைந்துள்ளது ()
- ஆர்வத்தை முழுவதும் இழந்துள்ளேன். ()

APPENDIX – H

INTERVENTION (English)

Guided Imagery: The beach

By: PrentissPrice,Ph.D.

For a few moments allow yourself to take several nice, long, deep Breaths. Notice the cool air coming in, filling your lungs, and the soothing warm air going out. Just let all your thoughts float away as you bring your attention to your breathing in and out.

You might mentally scan your body and notice if you are holding any tension in your muscles.If u are,just gently let all that tension melt away with every out breath...Bring your attention to your breathing. In and out...In and out.. let yourself feel more comfortable sitting where you are.

In your mind's eye you see yourself descending down a long, narrow, wooden stairway towards a beautiful, inviting beach. Your bare feet feel the rough weathered steps, and with each steps, you feel more and more tension gently melting away from your body.

As you continue down the stairway, you notice how the bright white sand stretches down the shorelines as far as you can see.The ocean is a deep shade of blue with the fine white crests of the waves sweeping towards the shore.

You reach the end of the stairway and step down, sinking into the warm soothing sand. As you rub the sand lightly between your toes, a soothing sensation of relaxation

gently melts through your entire body. The roaring sound of the sea's surf, the waves crashing over each other, calms your mind and allows you to feel even more relaxed.

You begin walking slowly towards the edge of the water and notice the warm sun on your face and shoulders. The salty smell of the sea air invigorates you, and take in a deep breath...breath slowly out...and feel more relaxed and refreshed. Finally, you reach the water's edge and you gladly invite the waves to flow over you toes and ankles.

You watch the waves glide smoothly towards you, gently sweeping around your feet, and the trails of sea water that flow slowly back out again. The cool water feels soft and comforting as you enjoy a few moments showing yourself to gaze out on the far reaching horizon.

Overhead you notice two seagulls gracefully soaring high above the ocean waters, and you can hear their soft cries becoming faint as they glide away. And all of these sights, sounds, and sensation allow you to let go and relax more and more.

After a moment you begin strolling down the beach at the water's edge. You feel a cool gentle breeze presenting lightly against your back, and with every step you feel yourself relaxing more and more.

As you walk down the beach you notice the details of sights and sounds around you.and soothing sensations of the sun, the breeze and the sand below your feet.

As you continue your leisurely walk down the beach,you notice a colorful beach chair resting in a nice peaceful spot where the powdery soft sand lies undistributed. You

approach this comfortable looking beach chair, and then you sit down, lie back, and settle in.

You take a long deep breath, breathe slowly out, and feel even more relaxed and comfortable resting in your chair. For a few moments more, let yourself enjoy the sights and sounds of this beautiful day on the beach. And when you feel ready, you can gently bring your attention back to the room...still letting yourself feel nice and comfortable sitting where you are.

Now to bring this exercise to a close, I'll count down from 10 to 0 and when I reach zero, you can slowly open your eyes.

10...9...8...7...6...5...

Continuing to feel comfortable and relaxed, and slightly numbness in any areas where it's no longer necessary for your body to feel discomfort.

4...3...2...1...0...

Slowly open your eyes, take a deep breath in and out, and gently wiggle your fingers and toes, You are ready to continue your day.

Relaxing phrases:

By Wendy Wolfe, Ph.D.

Georgia southern university counseling and career development center.

Introduction:

It is helpful to repeat certain phrases to yourself in order to deepen your state of relaxation. These phrases can be used along with a deep breathing exercise or anytime when you would just like to close your eyes and relax. Listen to each phrases and imagine saying it to yourself, either out loud or in your mind.

I feel nice and quite...

My breathing is deep, slow and relaxed...

My ankles, my knees, and my hips feel heavy, relaxed and comfortable...

I am beginning to feel very relaxed...

My hands, my arms and my shoulders feel heavy, relaxed and comfortable...

I can feel my neck shoulders unwind, loosen up, smooth out and relax more and more...

My neck, my jaws, and my forehead feel relaxed...

They feel comfortable and smooth...

My eyes feel heavy and relaxed...

My whole body feels loose, comfortable, and relaxed...

My arms and hands are heavy and warm...

I feel very relaxed...

My whole body is relaxed and my hands are relaxed and warm...

My mind is quite...

Warmth is flowing into my hands; they feel nice and warm...

I feel quietness inside...

My mind is quite and my whole body is relaxed and comfortable.

THANK YOU

பிற்சேர்க்கை – I

INTERVENTION (Tamil)

பகுதி - இ

வழிகாட்டப்பட்டு மனதில் ஏற்படுத்தப்படும் விளக்க உருவங்கள் என்ற பயிற்சிக்கு உங்களை வரவேற்கிறேன்.

கடற்கரை : தொகுத்து வழங்கியவர் பிரண்டிஸ் பிரெய்ஸ், பி.எச்.டி

இந்த பயிற்சியின் போது ஒவ்வொரு நிலையிலும் நீங்கள் வழிகாட்டப்படுவீர்கள். இதை செய்ய வசதியான நிலையைத் தேர்ந்தெடுக்க வேண்டும். நாற்காலியில் உட்கார்ந்த நிலையிலோ அல்லது படுத்த நிலையிலோ இந்தப் பயிற்சியை செய்யலாம். உங்களுக்கு விருப்பமானால் கண்களை மூடிக் கொள்ளலாம்.

- நாம் இப்பொழுது பயிற்சியை ஆரம்பிப்போம்.
- நான் சொல்பவைகளை உங்கள் மனக் கண்முன் கொண்டு வாருங்கள்.
- முதலில் உங்கள் மனதை .லகுவாக்க சில சுவாசப் பயிற்சிகளை செய்ய போகிறீர்கள்.
- சிறிது நேரம் ஆழமான மூச்சை எடுத்து சுவாசியுங்கள்
- நீங்கள் ஒவ்வொரு முறையும் ஆழமான மூச்சை உள் இழுக்கும் போது இதமான குளிர்ந்த மெல்லிய காற்று உங்கள் நுரையீரலை நிரப்பி சூடான வெப்ப காற்று வெளியே வருகிறது.
- மறுபடியும் ஆழமான சுவாசத்தை எடுத்து குளிர்ந்த காற்றை உள்ளே பரவிடச் செய்யுங்கள்.
- உங்களுடைய எல்லா நினைவுகளும் சுவாசக் காற்றை வெளியே விடும்போது வெளியேறுவதை உணர்வீர்கள்.
- நம்முடைய உள் உணர்வுகளை படம் பிடித்து பாப்போமானால் நமக்குள் எத்தனை பரபரப்பு.

- தசைகளுக்குத்தான் எத்தனை சோர்வு இவையாவும் அப்படியே மறைந்து போகும்படியாக உங்களது கவனத்தை சுவாசத்திற்கு நேராகத் திருமப்புங்கள்.
- ஆழமான காற்றை உள்ளே இழுத்து மெதுவாய் வெளியே விடுங்கள்.
- இப்பொழுது ஒரு அழகான நீலக் கடற்கரையை உங்கள் மனக்கண்முன் கொண்டு வாருங்கள்.
- கற்பனை செய்யுங்கள் அந்த கடற்கரையை அடைய மெதுவாக மரப்படிகளில் நடந்து கொண்டிருக்கிறீர்கள்.
- நீங்கள் ஒவ்வொரு படியைக் கடக்கும் போது மனதில் பரபரப்பு, அழுத்தம் போன்றவை அப்படியே கரைந்து போவதை உணருங்கள்.
- எல்லா அழுத்தமும், பரபரப்பும் அப்படியே மறைந்து போவதை உணருங்கள்.
- தொடர்ந்து நீங்கள் படிகளில் இறங்கும் போது, உங்கள் முன் பரந்து கிடக்கும் வெண்மையான கடற்கரை மணலைப் பாருங்கள்
- பரந்து விரிந்து கிடகின்ற மணல் எவ்வளவு மென்மையாக இருக்கிறது.
- இந்தக் கடற்கரை மணலை நோக்கி நீல அலைகள் திரண்டு வருவதை பாருங்கள்.
- பெரிய நீல அலைகள் கடற்கரையை நோக்கி வேகமாக வருவதைப் பாருங்கள்.
- இந்த அலைகளை சுவாசித்துக் கொண்டே மரப்பலகையின் கடைசிப் படியை அடைந்து விட்டீர்கள்.
- மெதுவாக அந்தப் படியை விட்டு இறங்கி, இதமான வெப்பம் கடந்த கடற்கரை மணலில் இறங்கி நடக்க ஆரம்பியுங்கள்.
- உங்கள் கால் கடற்கரை மணலின் மேல் படும் போது மிதமான வெப்பத்தை உணர்வீர்கள்.
- இரைச்சலோடு ஒன்றையொன்ற மோதிக் கொண்டு கரையை நோக்கி பாய்ந்து வரும் கடல் அலைகள் உங்களை அப்படியே அமைதிப் படுத்துகிறது.
- இப்பொழுது மெதுவாகக் கடலை நோக்கி நடந்து செல்லுங்கள்.

- இந்த குளிர்ந்த நீர் உங்கள் கால்களை தொடும் போது உங்கள் உடம்பில் உள்ள வேதனை அழுத்தம் போன்றவை அப்படியே கரைந்து போவதை உணர்வீர்கள்.
- மிதமான சூரிய வெப்பம் உங்கள் முகத்தையும் தோள்களையும் தடவி செல்வதையும் கவனியுங்கள்.
- கடற்காற்றின் உப்புக் கலந்த மணத்தை நுகர்ந்து அனுபவியுங்கள்
- அப்படியே ஆழமான மூச்சை உள்ளே இழுத்து மெதுவாக வெளியே விடுங்கள்.
- ஆழமான மூச்சை இழுத்து மெதுவாக வெளியே விடுங்கள்
- இப்போது உங்கள் மனதில் அமைதியும் புத்துணர்ச்சியும் ஏற்படுவதை உணர்வீர்கள்.
- கடைசியாக நீங்கள் தண்ணீருக்குள் நடந்து செல்லும் போது உங்களை எதிர் நோக்கி, இரைச்சலோடு வரும் அலைகளை சந்தோஷத்தோடு வரவேற்று அந்த அலைகள் உங்கள் பாதங்களின் கணுக்கால்களை நனைப்பதை உணருங்கள்.
- சந்தோஷத்தோடு அந்த அலைகள் உங்கள் பாதங்களையும் கணுக்கால்களையும் நனைப்பதை உணருங்கள்.
- மறுபடியும் மறுபடியுமாக அந்த அலைகள் உங்களை நோக்கி வருவதையும் உங்கள் கால்களை வருடிக் கொண்டு திரும்பிச் செல்வதையும் கவனியுங்கள்
- குளிர்ந்த நீர் உங்கள் பாதங்களை நனைப்பதை உணர முடிகிறதா?
- அந்தக் கடலில் சற்று தூரத்தில் இரண்டு சீல்கள் தள்ளி விளையாடுவதையும் பாருங்கள்.
- அவை மெல்லிய சத்தத்தோடு மீண்டும் கடலுக்குள் செல்வது உங்கள் மனதுக்கு இதமாக இருப்பதை உணருங்கள்.
- அந்த கடல் அலைகளின் மெல்லிய சத்தம் கொஞ்சம் கொஞ்சமாக குறைவது போன்று உங்கள் உங்கள் உடம்பிலுள்ள அழுத்தம் குறைவதை உணருங்கள்
- சிறிது நேரம் கழித்து அந்த கடற்கரையின் தண்ணீரின் மேல் நடக்க ஆரம்பியுங்கள்.

- அப்போது உங்கள் முதுகை வருடும் தென்றல் காற்று உங்கள் மன அழுத்தத்தைக் குறைத்து உங்கள் மனதை இலகுவாக்குவதை உணருங்கள்.
- நீங்கள் ஒவ்வொரு அடி எடுத்து வைக்கும் போதும் இந்தக் தென்றல் காற்று உங்களை அமைதிபடுத்துகிறது.
- நீங்கள் அப்படியே மறுபடியும் செய்யும் போது நீங்கள் இதுவரை பார்த்த காட்சிகள் நீலக்கடலில் இரைச்சலோடு வரும் அலைகள். மெதுவாக வருடிய தென்றல் காற்று உங்கள் பாதங்களை தடவிச் சென்ற குளிர்ந்த நீர் இவற்றை நினைத்து அந்த நினைவு தரும் சுகத்தை மிதமாக அனுபவியுங்கள்.
- அப்படியே அந்த கடற்கரையில் நடக்கும் போது ஓர் கடற்கரை நாற்காலி, கடற்கரை வெண்ணிற மணலின் மேல் இருப்பதை பாருங்கள்.
- இது உங்களுக்கு வைக்கப்பட்ட நாற்காலி மெதுவாக அதன் அருகில் செல்லுங்கள். அந்த வசதியான நாற்காலியின் பின்னால் சாய்ந்து வசதியாக உட்காருங்கள்.
- ஆழமான மூச்சை உள்ளே இழுத்து அமதுவாக வெளியே விடுங்கள். மறுபடியும் ஆழமான மூச்சை உள்ளே இழுத்து மெதுவாக வெளியே விடுங்கள்.
- அப்படியே அமர்ந்திருந்து இந்த அழகான நாளில் கடற்கரையை கண்ட காட்சிகளை நினைத்து பாருங்கள்.
- 10.....9.....8.....7.....6.....5.....4.....4.....3.....2.....1.....
..0
- இப்பொழுது மெதுவாக கண்களைத் திறந்து பாருங்கள்.
- ஆழமான மூச்சை உள்ளிழுத்து மெதுவாக வெளியே விடுங்கள்.
- கை கால்களை அசைத்து கொள்ளுங்கள்.
- இப்பொழுது நீங்கள் காதுகளில் கேட்கும் ஒவ்வொரு வார்த்தைகளையும் □□ மனத்திற்குள்ளேயே சொல்லுங்கள்.
- சத்தமாகவும் சொல்லலாம்
- நான் மன நிம்மதியாக உள்ளேன்.
- நான் மெதுவாகவும் நிதாமனமாகவும் மூச்சை எடுக்கிறேன்.

- என் பாதம், இடுப்பு யாவும் இலகுவாக உள்ளது.
- எனது மார்பு மற்றும் முதுகுப் பகுதி இலகுவாக உள்ளது.
- என்னுடைய வலியை மறந்து மிகவும் இலகுவாக உள்ளேன். என்னுடைய கரங்கள் மற்றும் புயங்கள் இலகுவாக உள்ளது.
- என்னுடைய கழுத்து மற்றும் தோள்பட்டை இலகுவாக உள்ளது.
- என்னுடைய தொடை மற்றும் நெற்றி இலகுவாக உள்ளது.
- எல்லா உற்புகளும் இலகுவாக உள்ளன.
- எனது முழு உடலும் இலகுவாக இருப்பதாக உணர்கிறேன்.
- என்னுடைய கை மற்றும் புயம் இலகுவாக உள்ளது.
- எனது முழு உடம்பும் இலகுவாக உள்ளது.
- என்னுடைய மனது மிகவும் அமைதியாக உள்ளது.
- இப்பொழுது நிங்கள் எப்படி உணர்கிறீர்கள்
- மன அழுத்தம்" இல்லாத ஆரோக்கியமான நாளாக இந்நாள் அமைய வாழ்த்துக்கள்.

APPENDIX – J

PHOTOS

