A STUDY TO EVALUATE THE EFFECTIVENESS OF BENSONS'S RELAXATION THERAPY ON REDUCTION OF PAIN AND STRESS AMONG POST CAESAREAN MOTHERS ADMITTED AT SELECTED HOSPITAL, PUDUKKOTTAI

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

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CERTIFICATE

Certificate that this is the bonafide work of **Ms. BOMMI.K** , Karpaga Vinayaga College Of Nursing, Pudukkottai submitted in partial fulfillment of the requirement for the degree of Master Of Science in Nursing under the Tamil Nadu Dr.M.G.R Medical University, Chennai.

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Place :

Date :

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Certified Bonafide Project Work
Done By

Reg. No : 301422501

M.Sc. Nursing Degree Examination

Branch III – Obstetric and Gynecological Nursing

Karpaga Vinayaga College of Nursing

Pudukkottai

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Principal

A DISSERTATION SUBMITTED TO

THE TAMILNADU Dr. M.G.R. MEDICAL UNIVERSITY, CHENNAI

IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE

DEGREE OF MASTER OF SCIENCE IN NURSING

APRIL 2016

TO WHOMSOEVER IT MAY CONCERN

This is to certify that the ethical committee of Karpaga Vinayaga College of Nursing has discussed with its members regarding the topic for the study. It implication and subjects under the study for the thesis of M.Sc. Nursing Programme on the topic, "A study to evaluate the effectiveness of bensons's relaxation therapy on reduction of pain and stress among post caesarean mothers admitted at selected hospital, pudukkottai". The committee has passed clearance for the same topic for her to pursue.

ETHICAL COMMITTEE

ACKNOWLEDGEMENT

"Come to me, all you that are weary and are carrying heavy burdens and I will give you rest"

"Hard work never fails"

I consider it as a privilege to express my gratitude and respect to all those who guided and inspired me in the completion of this study.

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ABSTRACT

A true experimental study to evaluate the effectiveness of Benson's relaxation therapy on reduction of pain and stress among post caesarean mothers at selected hospital at Pudukkottai was taken by Ms. Bommi.K in partial fulfillment of the requirement for the degree of **MASTER OF SCIENCE IN NURSING** by the Tamilnadu Dr.M.G.R Medical University, Chennai.

OBJECTIVES

1. To assess the level of pain and stress among post caesarean mothers before intervention in both experimental group and control group.

2. To assess the effectiveness of Benson's relaxation therapy on reduction of pain and stress among post caesarean mothers in experimental and control group.

3. To associate between the post test level of pain among post caesarean mothers with their selected demographic variables.

4. To associate between the post level of stress among post caesarean mothers with their selected demographic variables.

HYPOTHESES:

1. H_1. There will be a significant reduction in the level of pain after Benson's relaxation therapy among post caesarean mothers.

2. H_2. There will be a significant reduction in the level of stress after Benson's relaxation therapy among post caesarean mothers.

3. H_3. There will be a significant association between the level of pain among post caesarean mothers with their selected demographic variables.

4. H_4. There will be a significant association between the level of stress among post caesarean mothers with their selected demographic variables.

Conceptual framework	:	J.W.Kenny's Open System Model (1990).
Research design	:	Pre-test Post-test control group design.
Population	:	The target population was post caesarean mothers.
Setting	:	Government Ranees Hospital, Pudukkottai.
Sample size	:	60 post caesarean mothers, 30 in experimental group and 30 in control group.
Sampling technique	:	Probability simple random sampling technique.
Tool	:	Numerical Pain Scale and Perceived Stress Scale (PSS).
Data collection	:	A true experimental Pre test- Post test Control Group Design was used. The time of data collection was the day time of all seven days of the week.
Data analysis	:	Descriptive statistics(frequency, percentage mean and standard deviation) and inferential statistics (paired 't' test and chi-square) were used to test the research hypothesis.

MAJOR FINDINGS ARE SUMMARIZED AS FOLLOWS

Among the experimental group of post caesarean mothers in the pre test majority about 73.33% of the post caesarean mothers had severe pain, 26.66% of the post caesarean mothers had moderate pain. Where as in control group about 76.66% of the post caesarean mothers had severe pain, 23.33% of the post caesarean mothers had moderate pain.

In experimental group of post caesarean mothers in the pre test about 33.33% of the post caesarean mothers had severe stress, and 66.66% of the post caesarean mothers had moderate stress. Where as in control group, 26. 66% of the post caesarean mothers had severe stress, and 73.33% of the post caesarean mothers had moderate stress.

In pre test among the experimental group the mean pain score was 7.56+ 1.56 and mean percentage was75.6. where as in control group mean pain score was 7.68+ 1.48 and mean percentage was 76.8.

In post test among experimental group, the mean pain score was 1.73+0.81 and mean percentage was 17.3. where as in control group the mean pain score was 3.13+2.16 and mean percentage was 31.3.

In pre test among experimental group the mean stress score was 34.3+8.84 and mean percentage was 61.25. where as in control group the mean stress score was 33+8.40 and mean percentage was 58.92.

In post test among experimental group the mean stress score was 10.9+5.7 and mean percentage was 19.46. Where as in control group the mean stress score was 16.6+11.6 and mean percentage was 29.64.

It reveals that the level of pain and stress are reduced in experimental group than in control group.

In experimental group the post test mean pain score was $1.73+0.81$ and in control group $3.13+2.16$. The 't' value is 3.41 which is significant at $p \leq 0.05$ level.

In experimental group the post test mean stress score was $10.9+5.7$ and in control group mean score was $16.6+11.6$. The 't' value is 2.43. which is significant at $p \leq 0.05$ level.

Thus it becomes evident that Benson's relaxation therapy was effective in reducing the level of pain and stress in experimental group. Thus the research hypothesis H_1 and H_2 is retained.

No significant association was found between the selected demographic variables with the level of pain and stress in both experimental and control group. Hence the research hypothesis H_3 and H_4 is rejected at $p \leq 0.05$ level.

CONCLUSION

The study implies that Benson's relaxation therapy is a safe, cost effective, painless method and easy to practice. The study findings reveals that the Benson's relaxation therapy was effective in reducing the post caesarean level of pain and stress among post caesarean mothers.

CHAPTER I

INTRODUCTION

"The way a culture treats women in her role transition from woman to mother throughout birth is a good indicator of how well women and their contribution to society are valued and honored."

- Ina May Gasking.

Pregnancy and delivery are natural and joyous human events. It's a wonderful experience. The child birth is a universally celebrated event and the happiest occasion in a women's life, though it carries some amount of risk to the fetomaternal unit.

The birth of a child is one of the most exciting situations, yet anxiety producing physiological adaptation is involved in labour and birth. The midwife must perform frequent and careful assessment and should provide necessary care during the labour process to achieve a safe outcome of labour.

Giving birth to a new life is the most painful experience in a woman's life, both in normal vaginal delivery as well as in caesarean deliveries.

Pain is one of the major discomforts which drive the post caesarean section mothers to seek help in opting caesarean section even though caesarean section do not eliminate the pain of labour. In vaginal deliveries mothers experience severe pain before the delivery of the baby and to some extent up to 2-3 days after delivery in case of episiotomy. Where as in case of caesarean section it is easier to undergo but the after pain is much worse. The numbness around the incision and occasional aches and pain can last for several months. Not only that, it also interferes with the mother-infant interaction. If the mother is comfortable it will be easier to breast feed the baby and can also involve in newborn care, which helps in achieving mother infant bonding.

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Caesarean section is an operative procedure which is carried out under anesthesia (regional or general), which by the fetus, placenta and membranes are delivered through an incision made in the abdominal wall and uterus.

The name caesarean section is derived from the Latin word "**caedere**" which means **"to cut**" in which case the term "**caesarean section**" is redundant.

The first extra peritoneal operation was described by **Frank** in '1907'

Although **'Kehrer'** in 1881 did the transverse lower segmental operation for the first time. **'Munro Kerr' in 1926** not only reintroduced the present technique of lower segment operation but also popularized it.

According to WHO (2009),Caesarean section is a surgical intervention which is carried out to ensure safety of mother and child when vaginal delivery is not possible (emergency caesarean section) or when the doctors consider that danger to the mother and baby would be greater with a vaginal delivery (planned caesarean section) proportion of caesarean section to the total births is considered as one of the important indicators of emergency obstetric care.

WHO recommends that caesarean section rates should not go above 15% in any country. However the rate between 5% to 10% is most acceptable.

Betran and her colleagues **(2007)** estimated that at the beginning of twenty first century the average caesarean section rate was 15.9% in Asia.

Weaver et al 2007, described that the reasons behind the "demands" for birth by caesarean section are frequently complex. Despite the focus of attention in the media, evidence suggests that very few women actually request caesarean section in the absence of medical indications and the "too posh to push cohort", are in an extreme.

The RCOG (2001), And The National Sentinel Caesarean Section Audit reported that worldwide overall caesarean section rate was 21.5% , accounting for approximately 1,20,000 birth per year. Whilst the caesarean section rate in the maternity units ranged from 10%, to 65%. About 10% of women had caesarean section before labour and around 12% of women who went into labour had a caesarean section. It is believed that some difference in caesarean section rates may be observed which is explained by difference in the demographic and clinical characteristics of the population such as maternal age, ethnicity, previous caesarean section, breech presentation, prematurity and induction of labour. However the exact reasons for these difference remains unclear.

Although there has been an increase in caesarean section rates over the past 20 years the four major clinical determinants of the caesarean section rate have not changed. Common primary indications reported for women having a primary caesarean section were; failure to progress in labour (25%), presumed fetal compromise (28%), and breech presentation (14%). The most common indications for women having a repeat caesarean section were; previous caesarean section (44%), maternal request as reported by clinicians (12%), failure of progress(10%), presumed fetal compromise(9%), and breech presentation(3%).

NEED FOR THE STUDY

"well I could talk to her, about anything and say to her everything, that's how much confidence, I had in her".

Child birth is considered as a multi dimensional experience. During the journey of pregnancy, women undergo anxiety, fear, and stress especially before delivery.Caesarean section is the birth of a foetus accomplished by performing a surgical incision through the maternal abdomen and uterus. This alternative option is exercised based on the health status of the mother and

child at the time of labor. There are two types of caesarean section. Elective and emergency. In elective caesarean section: The term elective indicates when the operation is done at a pre arranged time during pregnancy to ensure the best quality of obstetrics, an anesthesia, neonatal resuscitation and nursing services. While some indications are absolute, other will depend on combination of factors. About 32% of the mothers prefer planned surgical delivery. The post caesarean section discomfort experienced by mothers after caesarean delivery may vary from one women to another women

In the last few decades, the caesarean rates have increased dramatically in the developed countries. The incidence of caesarean section is steadily rising. Thirty –two percent of all births in the United States are by caesarean section. The operations have been increasing steadily; and have become the most common surgery in American hospitals.

India is also experiencing a rapid increase in caesarean section deliveries along with an increase in institutional deliveries. Caesarean section rates have increased from 25.4% to 32% in India and about 32.6% has been documented from South India. Clearly these rates are unacceptably high all over the globe.

According to IIPS (2007), In India the rate of caesarean section delivery has increased from 3% to 10% between the year of 2005-2006 **,** which is lower compared to same in the developing nations like Brazil and China.

In (2005), A descriptive study was conducted among 431 post caesarean mothers to assess the post- caesarean discomfort other than pain. Mothers were asked to identify and report discomfort at each time in post natal unit and re-interviewed after 24 hours. Among these 431 mothers, 93 mothers expressed various discomforts amongst which majority is pain and stress almost about one- month period from the day of caesarean section.

Based on DLHS-3 data (2003), the caesarean section delivery rate in **India is 9.2%.** However, a substantial inter-state variation of caesarean exists in India. Among the large states (population 10 million and above as per 2001 census), the proportion of women who have undergone caesarean deliveries is the highest in Kerala (31.8%), followed by, Andhra Pradesh (29.3%), and **Tamil Nadu (23.2%),** and lowest in Rajasthan and Jharkhand (4.2%).

According to National Family Survey Report (2003), In India, Mishraand Ramanathan(2002) found that among 18 large states, two states had caesarean section rate near 15% and the rest had less than 5%. Sreevidya and Sathiyasekaran (2003), conducted a study on the incidence of LSCS which revealed that in Chennai, the caesarean rate was 32.6%.

From the last decades the caesarean the caesarean sections rate has increased, and it results in discomforts such as pain and stress which is an alarming cause for conducting this study. As per the research study, reports and statistics of LSCS and the discomforts perceived by the post caesarean mothers the researcher identified a felt need of reducing the post caesarean discomfort particularly pain and stress which is the need of the hour in incorporating complimentary alternative therapies in providing nursing care for helping the mothers in reducing the post caesarean discomfort. Through my past experience of handling a women expressing and showing their fear, anxiety and tension before going to the operation theatre for caesarean section. The idea of reducing the women's stress, fear and anxiety the researcher identified Benson's relaxation therapy as one of the complimentary alternative therapy as an simple technique which being used daily had a significant outcome in reducing stress and anxiety. The stress plays a large part among women undergoing caesarean section and this complicates matters because labour is often a stressful time. Slow breathing is active technique to reduce stress since it relaxes the muscles in the diaphragm and hence provides a sense of comfort to the woman in labor by reducing their stress and pain.

Benson's relaxation technique is a simple method which helps to reduce pain and does not also causes no complication to the fetus. Nurse can implement this Benson's relaxation technique non pharmacological method into practice for reducing pain.

Dr. Herbert Benson described a physiological response that is the opposite of the fight-or flight response. It results in decreased metabolism, decreased heart rate, decreased blood pressure, and decreased rate of breathing, as well as slower brain waves. Dr. Benson labeled this reaction as the "relaxation response". The relaxation therapy is a simple practice that one can practice this for 10 to 20 minutes a day can help to relive pain and stress.

According to Benson's relaxation therapy due to various causes the body's fight –or –flight response, breathing become quick and shallow, reinforcing the messages of alarm being sent to the brain. If this over breathing continues, too much carbon dioxide is removed from the blood, which then loses its proper activity. Effectiveness of Benson's relaxation therapy helps to calm both the body and mind and helps to turn off the fight –or- flight response and enhance a healthy life.

Studies have shown that techniques of relaxation and deep breathing go a long way in preparing women to cope with challenges and discomforts associated with child birth. Practicing relaxation and breathing techniques also have a positive effect on the fetus. Several studies are being conducted on the impact of relaxation techniques on pain and stress. The results revealed that all relaxation therapies were effective in reducing pain and stress.

The subject expert's advice and also the researcher felt that it is the need of the hour to find out the effectiveness of certain non- pharmacological pain and stress relieving measure which may be useful in reducing post cesarean section pain. With this concept the researcher is intended to find the effectiveness of selected discomfort relieving technique which is taken from the concept of "Relaxation therapy" in which researcher attempts to identify the effect of Bensons relaxation technique in terms of reducing pain and stress among post caesarean section mothers.

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STATEMENT OF THE PROBLEM

A study to evaluate the effectiveness of Benson's relaxation therapy on reduction of pain and stress among post caesarean mothers admitted at selected hospital , Pudukkottai.

OBJECTIVES OF THE STUDY

1. To assess the level of pain and stress among post caesarean mothers before interventions in both experimental group and control group.
2. To assess the effectiveness of Benson's relaxation therapy on reduction of pain and stress among post caesarean mothers in experimental group and control group
3. To associate between the post test level of pain among post caesarean mothers with their selected demographic variables.
4. To associate between the post test level of stress among post caesarean mothers with their selected demographic variables.

HYPOTHESES

1. **H_1**. There will be a significant reduction in the level of pain after Benson's relaxation therapy among post caesarean mothers.
2. **H_2**. There will be a significant reduction in the level of stress after Benson's relaxation therapy among post caesarean mothers
3. **H_3**. There will be a significant association between level of pain among post caesarean mothers with their selected demographic variables.
4. **H_4**. There will be a significant association between level of stress among post caesarean mothers with their selected demographic variables.

OPERATIONAL DEFINITION

Effectiveness

Effectiveness means producing an intended result. In this study, it refers to the extent to which Benson's relaxation therapy has caused desired change in terms of reduction of pain and stress among post caesarean mothers.

Benson's Relaxation Therapy

In this study it refers to a form of meditation which focuses on breathing. The mothers will be allowed to sit quietly in a comfortable position with their eyes closed. The mother was asked to breathe through the nose and breath out slowly. As they breathe out they are made to say the word **"one"** silently. This technique is practiced for 5 minutes twice daily in the morning and evening. Then the time is increased gradually from 10 to 20 minutes daily.

Pain

In this study, pain is the feeling of discomfort which is experienced by post caesarean mothers the after caesarean section. It is measured by numerical pain scale.

Stress

In this study, it refers to an undesired state of feeling frustrated, anger and nervous of anxious, which is experienced by the post caesarean mothers immediately after caesarean section, which is measured by Perceived Stress Scale (PSS).

Post Caesarean Mothers

In this study, it refers to the mothers who have delivered an alive baby through lower segmental caesarean section and who are between the second to fifth post operative days.

ASSUMPTIONS

❖ Post caesarean mothers will have pain and stress after caesarean section.

❖ Benson's relaxation therapy will help to alleviate the pain and stress.

❖ The relaxation therapy will have some effect in the physical and mental well being of post caesarean mothers.

❖ Benson's relaxation therapy has no side effect on the well being of post caesarean mothers

DELIMITATION

❖ The data collection period is limited to 4 weeks.

❖ Sample size is limited to 60 sample.

PROJECTED OUTCOME

➢ The study would enable to assess the level of pain and stress among post caesarean mothers.

➢ At the end of the study post caesarean mothers would be able to practice the Benson's relaxation therapy to reduce pain and stress, and helps them to recover quickly.

CONCEPTUAL FRAME WORK

This study is based on Kenny's open system model. All the living systems are open, in that there is continuous exchange of matter, energy and information Open system has changing degree of interaction with the environment from which the system receives input, and gives back output in the form of matter energy and information

The main concepts of open system model are input, throughput, output and feedback. The study is undertaken to determine the effect of Benson's relaxation therapy on reduction of pain and stress

Input

Input can be matter, energy and information from the environment. In the present study the environment refers to Government Ranees Hospital and information refers to the collection of demographic variables from the sample of post caesarean mothers. Pre test was conducted to assess the level of pain and stress among post caesarean mothers.

Throughput

The matter, energy and information are continuously processed throughout the system which is called complex transformation known as throughput process and is used as input. In the present study the throughput refers to Benson's relaxation therapy given to the post caesarean mothers for the reduction of pain and stress.

Output

After processing the input and throughput, the system returns to the output matter, energy, and information in an altered state. In the present study significant changes in the level of pain and stress is considered as the output

Feedback

Feedback gives information about the environment responses to the system. Output is utilized by the system in adjustment, correction and accommodation to the interaction with the environment. In the present study, effectiveness of Benson's relaxation therapy is considered as the feed back.

INPUT

THROUGHPUT

OUTPUT

Demographic Variables

Pre Test

Assess the level of pain and stress among post caesearean mothers using
- Numerical pain scale
- Perceived stress scale

- Age
- Religion
- Education of the mother & husband
- Occupation of the mother & husband
- Income
- Type of family
- Place of residence
- Indication for caesarean delivery
- No of post operative days
- Sex of the baby
- Have you undergone yoga classes
- Have you undergone parenthood classes
- Have you get Social support after caesarean delivery

Experimental Group

Control Group

Benson's Relaxation Therapy

No Intervention

P O S T T E S T

Assessment of the level of pain experimental group and control group

Assessment of the level of stress in the experimental group and .

Mild pain

Moderate pain

Severed pain

Mild stress

Moderate stress

Severed stress

FEED BACK

Benson's relaxation therapy

Figure 1:CONCEPTUAL FRAME WORK BASED ON J.W. KENNYS OPEN SYSTEM MODEL (1990)

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CHAPTER II

REVIEW OF LITERATURE

A literature review involves the systematic identification, location, scrutiny and summary of written materials that contain information on a research problem.

(Polit and Hungler,2008)

The researcher has divided the review of literature under the following categories as,

1. Literature related Non- Pharmacological Method of pain relief

2. Literature related to Post Caesarean Pain

3. Literature related to Post Caesarean Stress

4. Literature related to Effectiveness of Benson's Relaxation Therapy on Pain and Stress

1. LITERATURE RELATED TO NON PHARMACOLOGICAL METHOD OF PAIN RELIEF

Johnson (2013), conducted an systemic review of studies on women's expectations and experiences of pain and pain relief during labour and their involvement in the decision making process. During the due course of review a gap was found between the women's expectations and their actual experiences. They were inadequately prepared for reality of labour pain and were unable to make informed choices about pain relief. In order to close this gap, opportunities to practice the non pharmacological pain relief method was taught to them. An overview of systemic reviews of pain management in labour

concluded that breathing exercise was found to be the effective method of pain relief during labour.

Walton.K.G, Levitsky (2012), conducted an experimental study (meta analysis) to assess the effectiveness of meditation techniques among women in labour. The total of 9700 study samples and 400 outcome findings suggested that meditation program was found to be effective in reducing pain, stress and depression among women in labour.

Semin Parinatoi (2010), identified that, relaxation measures are best indicated for women in labor and this technique can be trained to use as an relaxation strategy easily. No special equipment is required and the nurse does not need extensive training. Relaxation can be as simple as a brief quieting response for women's relaxation during labour and in the postnatal period.

According to Benson's relaxation therapy due to various causes the body's fight –or –flight response, breathing become quick and shallow, reinforcing the messages of alarm being sent to the brain. If this over breathing continues, too much carbon dioxide is removed from the blood, which then loses its proper activity. Effectiveness of Benson's relaxation therapy helps to calm both the body and mind and helps to turn off the fight –or- flight response and enhance a healthy life.

Kimber L, et al (2008), conducted an research to find out the effectiveness of different massage techniques on level of pain among women in labour. The effect of relaxation therapy on maternal labour pain and anxiety was assessed the study assessed to find out the effectiveness of different massage techniques on level of pain among women in labour. The need to investigate massage intervention that complement maternal neuro physiology adaptation to labour and birth pain. The study was done with 3 different intervention (massage program with relaxation techniques), placebo (music with relaxation techniques), for the experimental group and the control group

received usual care. The findings of the study suggest that regular massage with relaxation techniques from late pregnancy to birth is an acceptable coping strategy that merits a large trial with sufficient power to defeat differences in reported pain as primary outcome measures.

Golianu B et al (2007), conducted a Survey which revealed that Non – pharmacological method of controlled breathing helps to increase oxygenation and improves the elimination of carbon dioxide among women and in the postnatal period. This non pharmacological interventions are relatively non-invasive and may present less risk to the postnatal mothers than invasive or pharmacological measures.

Adachi et al (2004), conducted an experimental study to evaluate effectiveness of breathing exercises on pain relief among post caesarean mothers at selected Government Hospital in Delhi. The sample comprised of 26 post caesarean mothers in experimental group, and 26 in control group. The sample were selected through purposive sampling technique. A standardized pain assessment tool (Numerical Pain Scale) was used to collect the data. Data were analysed using descriptive and inferential statistic. The study concluded that breathing exercises was an effective Non-Pharmacological measure in significantly reducing the intensity of pain among post caesarean mothers.

2. LITERATURE RELATED TO POST CAESAREAN PAIN

Herrk, McCaffery (2015), conducted a Quasi experiment, prospective not blind, randomized two group parallel study among post caesarean women regarding their experiences due to operative trauma at Cibbabat Hospital, Cimah. This was quasi- experimental study with pre and post test design. Post caesarean section women with quota sampling who met the inclusion criteria were selected as samples. A total of 60 samples was assigned 30 in experimental and control group. Women in the experimental group received the Benson's relaxation therapy and those in the control group received regular

care from the health workers. The outcome pain severity was measured by visual analogue pain scale before and after the intervention. The results of the study revealed that Benson's relaxation therapy was found to be very effective in reducing pain among post caesarean women.

Samina Ismail, Khurran (2012), conducted an observational study among women undergoing elective caesarean section on the level of pain and the mothers satisfaction. A total of 263 mothers were reviewed during the study period. Mothers demographic, post operative pain records, and analgesia regime on the day of surgery were recorded. Pain was recorded by using visual analogue pain scale. Any complications since the time of surgery and mothers satisfaction with pain management were also recorded. The findings suggested that analgesia regimen was found to be not much effective in reducing pain.

Michelle A Kealy (2010), conducted an interview study among, women to ensure diversity in experiences of caesarean and vaginal birth and maternal request caesarean for section. Interviews were audiotape and transcribed verbatim. A theoretical framework was developed. Among the 32 women who were interviewed who between them, had 68 birth; 7 women had experienced both caesarean and vaginal births. Three zones of clinical practice were identified in women's descriptions of the reasons for their first caesarean. 12 women described how was their experiences at the time of their first caesarean section and the operation was performed for potentially lifesaving reasons.

Lilly Podder(2006), conducted an experimental study to assess the effects of relaxation therapy on anxiety level and pain perceptions and labour outcomes among primipara during labor at selected hospital in Kolkata. Pre test Post test control group design was used. Out of 60 sample 30 were in the experimental group and 30 in the control group. The tools used for the study were structured interview schedule for demographic data and structured record analysis performa for labor assessment, Speil- Berger's State anxiety scale for anxiety assessment, Numerical Pain intensity scale for pain assessment . The

study revealed that those mothers who were exposed to relaxation therapy experienced significantly less pain perception and reduction in anxiety level during labour compared to those in the control group.

Pain is defined as "whatever the experiencing person says it is existing whenever the person say it dose". This definition makes each person the expert about his or her own pain. Because pain is subjective, the only people who can accurately define their own pain are those who are experiencing that pain. Despite its subjective nature, the nurse is charged with accurately assessing and helping to reduce or relieve pain, and McCafferry's definition helps the nurses to achieve the goal of pain relief. **Margo McCaffery (2000)**

Pain is much more than a physical sensation caused by a specific stimulus. The pain experience is complex, involving physical, emotional and cognitive components. Pain is subjective and highly individualized. Pain can't be objectively measured; only the client knows whether pain is present and what the experience is like. **Shebeer.P.Basheer (2012)**

American Pain Foundation (2001),States that providing pain relief is a basic human right and is in the patient care bill of rights. The American Bar Association (2000), declared pain relief a basic legal right. Nurses are legally and ethically responsible for managing pain and relieving suffering.

Pain is a complex, multidimensional experience. For many people, it is a major problem that causes suffering and reduces quality of life. Pain is one of the major reasons that people seek health care. A thorough understanding of the physiological and psychological dimensions of the pain is important for effective assessment and management of patient with pain. Despite the high prevalence and costs, many studies document inadequate pain management across health care settings and patient population. Upto 75% of patients experience moderate to severe pain at some point during their hospitalization. **Lewis's (2011).**

3. LITERATURE RELATED TO POST CAESAREAN STRESS

Arul Kumari (2014), conducted an Quasi experimental study to evaluate the Benson's relaxation therapy on reduction of stress among post caesarean women's at Government Hospital in Punjab. A total of 80 samples (40 in experimental group, 40 in control group) were assigned by purposive sampling. The demographic data was collected from the post caesarean mothers and standardized stress rating scale was used for assessing the stress. The intervention group received relaxation therapy for every day in the morning and evening for a period of six days after undergoing Benson's relaxation therapy when compared to the control group. The study revealed that 41% of the mothers had high stress and 59% of the mothers had low stress.

Women centered Evidence Based Resources (2014), reported that women who have undergone surgical birth are more likely to experience feelings of loss, grief, personal failure and lower self- esteem. Caesarean section is a major abdominal surgery and often the emotional impact of a caesarean is misunderstood, dismissed or over locked. The outcome of the pregnancy and birth process specially due to LSCS had negative feelings on the mother and were anticipated to suffer from stress. Current evidence suggests that the incidence of post traumatic stress disorder after child birth range from 1.5% to 6% among women who have undergone LSCS.

Sharon Dekel (2014), suggested that caesarean continue to rise globally with an overall rate of 25.7%. The caesarean rate is rapidly increased at 33.9% in 2006 to about 37.6% in 2012. Several studies suggested that there is an increase in the number of women receiving elective caesarean section without clinical indications may contribute to the rising trend of the caesarean rates. Factors such as the mothers mood, anxiety and fear of birth were associated with the women's preference for caesarean section. Recent studies found that mothers with intense fear of childbirth were more likely to have elective caesarean section and often experiences elevated depression and stress symptoms.

Maryam Modarres, Ali Montazeri (2012), carried out on cross sectional study in Bushetor, Iran for a 3 months period from July to September 2009. Mothers who had a traumatic delivery were identified and entered into the study in order to assess childbirth related post traumatic stress. The post traumatic stress scale – interview was administered. In all 400 women who were initially evaluated reveals that majority (54.5%) had traumatic delivery, and overall, 80 women (20%) were found to be suffering from post traumatic stress disorders.

Stress may be defined as a real or perceived threat to the physiological or psychological and behavioral response. The stressors can be internal or external. The types of stress include eustress or positive stress, distress or negative stress. The models are the general adaptation syndrome and the unified stress model. Adequate coping mechanisms to the activating stimulus to quick adaptation and a restoration of homeostasis. Then inadequate coping mechanisms lead to look of or breakdown in adaptation. **Pawan Sharma (2013).**

R. Sreevani (2010) Stated that stress is the "Non specific response of the body to any kind of demand made upon it". A stressor is any person or situation that produces anxiety response. It include environment stressors, physiological stressors, social stressors and thoughts. She has explained about the models of stress such as stimulus based model, through the coping resources the person can cope up the stress. The common adaptive coping techniques are problem solving, positive self talk and self acceptances, conflict resolution, and community living skills. The coping strategies are four. In that 1. Adaptive, 2.Palliative, 3.Maladaptive, 4. Dysfunction management of the stressors and the emotional problems.

Stress defined adaptive response as behaviour that maintains the integrity of the individual, stress as a biological response, environmental event and transaction between the individual and the environment. The predisposing

factors are genetic influences, past experiences and existing conditions. The stress management is coping strategies. The adaptive coping strategies such as awareness relaxation meditation, interpersonal communication with caring other, problem solving, pets and music. **Mary C. Towsend (2012)**

4. LITERATURE RELATED TO EFFECTIVENESS OF BENSON'S RELAXATION THERAPY ON PAIN AND STRESS

Tandoi F et al (2010), conducted a descriptive study to measure and characterize post caesarean section pain and to verify its relationship with limitations of physical activities 60 mothers in the post operative period of caesarean section were taken, and the intensity of pain was measured with both numerical scale and McGill pain questionnaire. Limitations of physical activities were measured with specific instruments developed for the study. All the 60 mothers (100%) reported that pain limited their movements for sitting down and standing up and characterized the pain as annoying, grasping and straining which stressed the need for reducing the post caesarean pain among women undergoing caesarean section.

Massore et al (2009), conducted an experimental study designed to assess the strategy, effectiveness and safety of postoperative pain management in mothers undergoing elective caesarean section in the obstetric unit using Benson's relaxation therapy. The researcher assessed the overall pain since the time of surgery by visual analogue scale and also recorded any complications since the time of surgery and the satisfaction of the mothers with the pain management. Postoperative pain management was mostly started and followed by the obstetric team at the hospital. The postoperative pain management was adequate which when combined with Benson's relaxation therapy was found to be very useful in reducing pain and in terms of the safety of the mothers undergoing LSCS.

Bornstein J. E (2008), A study was conducted on groups of post operative mothers who reported high stress level. Guided imagery was taught to mothers in experimental group and no intervention but routine care was provided to the mothers in control group. After guided imagery sessions, they had significant less self reported stress when compared to control group. Result of the study reveals that relaxation can protect the immune system against the effect of stress other mind- body approaches have also yielded impressive result in post operative group of mothers.

Coyne PJ(2008), done a study was to determine the incidence of acute trauma symptoms and post traumatic stress disorder in women as a result of their labour and birth experiences and to identify the factors that contributed to the women's psychological distress. Telephone interview with 499 participants were conducted for a period of 4 to 6 weeks postpartum to explore the medical and midwifery management of the birth, perception of intrapartum care and the presence of trauma symptoms. The study concluded that one in three women (33%) identified a traumatic birthing event and reported the presence of at least 3 trauma symptoms, 28 women (56%) accessed for relaxation therapy for the relief of acute post traumatic disorder symptoms and psychological distress.

Dadelzen J A (2008), A quasi experimental pretest- posttest study was conducted to assess the effect of Benson's relaxation therapy on pain intensity of post caesarean mother in a hospital. It was given for 3 days every 12hrs for 5mins. The visual analog scale was used to measure the pain intensity. It is used before and after post caesarean along 3 days. It is a non-pharmacological pain management among client with post caesarean section. The result of the study showed that the mean of pain before intervention at the particular hospital was 7.47. It was decreased to 4.57. Meanwhile, in another selected hospital it was 6.67. It was decreased to 3.62. The study found the significant comparing of pain intensity and anxiety state before and after intervention at control and intervention group (p= 0.00; α=0.05). Thus, the Benson relaxation can reduce the pain intensity among client with cesarean section.

CHAPTER III

RESEARCH METHODOLOGY

The methodology of research indicates the general pattern of organizing the procedure for gathering valid and reliable data for the purpose of investigation.

METHODOLOGY

This chapter consists of description of the research methodology which the investigator adopted to evaluate the effectiveness of Benson's relaxation on reduction of pain and stress. It includes research approach, research design, variables, setting, population, samples, sampling techniques, sampling size, criteria for sample selection, development of the tool, pilot study, data collection procedure and plan for data analysis.

RESEARCH APPROACH

Quantitative research approach was used for the study.

RESEARCH DESIGN

True experimental design with pre test – post test control group design was adopted for this study.

SCHEMATIC REPRESENTATION

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

$$R$$

$$C \quad O_1 \quad - \quad O_2$$
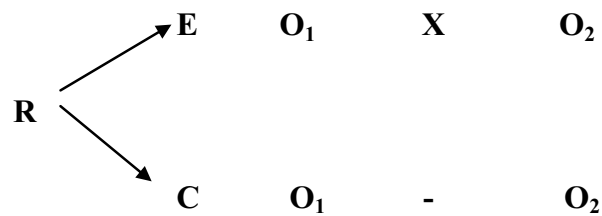
R	**:**	Randomization
E	**:**	Experimental group
C	**:**	Control group
O₁	**:**	Pre test assessment [level of pain and stress before intervention by using Numerical Pain Scale and Perceived Stress Scale]
X	**:**	Intervention [Benson's Relaxation Therapy]
O₂	**:**	Post test assessment [level of pain and stress after intervention by using same scales]

O_1
O_2

VARIABLES

According to **Pilot (1999),** variables are the conditions or characteristics that the investigator manipulates , control, or observes. The three categories of variables involved in the present study are;

✓ **Independent variable:**

Benson's relaxation therapy

✓ **Dependent variables:**

Level of pain and stress among post caesarean mothers

✓ **Demographic variables:**

Age, religion, education of the mother and husband, occupation of the mother and husband, income, type of family, place of residence, indication for caesarean section, number of post operative days, sex of the baby, undergone yoga classes awareness of parenthood classes, and social support after caesarean section.

SETTING OF THE STUDY

The study was conducted in Government Ranees Hospital, Pudukkottai.

POPULATION

The population of this study comprises of post caesarean mothers who are admitted in post operative ward at Government Ranees Hospital, Pudukkottai. Mothers who have undergone caesarean section.

SAMPLE

The sample in this study comprises of post caesarean mothers with pain and stress.

SAMPLE SIZE

The sample size consists of 60 post caesarean mothers [30 in experimental group, and 30 in control group]

SAMPLING TECHNIQUES

Probability, simple random sampling technique was used.

CRITERIA OF SAMPLE SELECTION

Inclusion criteria

Post caesarean mothers who are;

> ➢ primi gravida

> ➢ within second to fifth post operative day

> ➢ undergone elective/ emergency caesarean section

> ➢ available at the time of data collection

> ➢ able to understand Tamil/ English

Exclusion criteria

Post caesarean mothers who are;

> ➢ having post caesarean complication with systemic illness
>
> ➢ with systemic illness
>
> ➢ not willing to participate in the study

DESCRIPTION OF TOOL

Structured interview schedule, the tool was developed by investigator with the guidance of experts. The tool used in the study consists of three parts which are as follows.

Part – 1

It consists of demographic characteristics of post caesarean mothers such as age, religion, education of the mother and husband, occupation of the mother and husband, income, type of family, place of residence, indication for caesarean section, no of post operative days, sex of the baby, have you undergone yoga classes, awareness of parenthood classes, and social support after caesarean section.

Part – 2

Numerical pain scale was used to assess the level of pain in post caesarean mothers.

Part – 3

Perceived stress scale was used to assess the level of stress in post caesarean mothers.

SCORING PROCEDURE AND INTERPRETATION

❖ **Level of pain**

The level of pain of the post caesarean mothers was assessed using Numerical Pain Scale. This scale work best when assessing pain intensity before and after therapeutic intervention **(Miaskowski -2005)**

Scoring key: The pain which was assessed using Numerical Pain scale from the post caesarean mothers was grouped and categorized as follows

Category of pain	Score
None	0
Mild pain	1 – 3
Moderate pain	4 – 6
Severe pain	7 – 10

❖ **Level of stress**

The level of stress of the post caesarean mothers was assessed using Perceived Stress Scale consists of 14 statements related to the assessment of stress among post caesarean mothers with options ranging from Never to very often. The score of the Perceived Stress Scale(PSS) is 56.

Scoring key: The stress which was assessed using PSS from the post caesarean mothers was grouped and categorized as follows

- Never – 0

- Almost never – 1

- Sometimes – 2

- Fairly often – 3

- Very often – 4

Category of stress	Score
Mild stress	0 – 8
Moderate stress	19 – 37
Severe stress	38 -56

VALIDITY

The validity of the tool was established by consultation with guide and four experts in the field of Obstetrics and Gynecological Nursing and One Obstetrician and Gynacology. The tool was modified according to the suggestions and recommendations given by them. The tool was drafted in English and Tamil. Validation was obtained from English and Tamil experts. Statistical validation of the tool was also obtained.

RELIABILITY

Reliability of the tool was estimated by using test and retest method. The reliability of the tool was found to be r=0.9. Hence the tool was found to be highly reliable.

The reliability "r" was calculated using the formula (Karl Pearson correlation co-efficient formula)

$$r = \frac{\sum (x - \bar{x})\ (y - \bar{y})}{\sqrt{\sum(x-\bar{x})^2 \sum (y - \bar{y})^2}}$$

PILOT STUDY

Pilot study was conducted at Government Ranees Hospital, Pudukkottai over a period of one week. The formal approval was obtained from the authority. A total number of 6 samples who met the inclusion criteria were

obtained by using probability simple random sampling technique. Written consent was obtained from the samples. Pre test level of pain and stress was assessed in the post caesarean mothers by using Numerical Pain Scale and Perceived Stress Scale. The intervention of Benson's relaxation therapy was demonstrated to the mothers twice a day. On the sixth day post test was conducted by using the same scale. The tool was found to be feasible and appropriate.

PROCEDURE FOR DATA COLLECTION

The data was collected for a period of one month. The investigator obtained formal permission from the management authorities of the hospital. Samples were selected by probability simple random sampling technique. Among them 30 were assigned in experimental group and 30 were in control group in Government Ranees hospital respectively. The data was collected on all seven days of the week. The nature and purpose of the study was explained to the post caesarean mother. Written consent was obtained. Pre test level of pain and stress was assessed in the post caesarean mothers by using numerical pain scale and perceived stress scale. The intervention of Benson's relaxation therapy was demonstrated to post caesarean mothers and period of morning and evening. The post test was conducted on the sixth day after demonstration and using the same scales. No intervention was given for control group.

PLAN FOR DATA ANALYSIS

The collected data were tabulated and analyzed by using description and inferential statistical method.

DESCRIPTIVE STATISTICS

Frequency, percentage was used to describe the demographic variables. Mean and standard deviation was used to assess the pre test and post test level of pain and stress among post caesarean mothers.

INFERENTIAL STATISTICS

Paired 't' test was used to findout the difference between pre test and post test level of pain and stress in the experimental and control group.

Chi-square test was used to find out the association between post test score of pain and stress with their selected demographic variables of post caesarean in experimental group.

PROTECTION OF HUMAN RIGHTS

The proposed study was conducted after the approval of Dissertation Committee. The written permission was obtained from the Residential Medical Officer, Joint Director of Government Hospital, Pudukkottai. Written consent of each subject was obtained before starting the data collection. Assurance was given to them that confidentiality will be maintained throughout the study

Figure 2: RESEARCH DESIGN

True experimental design (pre test, post test control group design)

↓

Population
Post caesarean mothers.

↓

Settings
Government Ranee's Hospital

↓

Sample
(Post caesarean mothers between 2nd to 5th post operative days)

↓

Sample size
60, post caesarean mothers between 2nd to 5th post operative day (30 in experimental group and 30 in control group)

↓

sampling techniques (Probability Simple Random technique)

↓

Tool – Demographic data, Numerical pain scale, and perceived stress scale

↓

Data collection procedure

Experimental group	Control group
Assessment of level of pain and stress	Assessment of level of pain and stress
Pre test	pre test
↓	↓
Intervention Benson's relaxation technique	No Intervention
↓	↓
Post test Assessment of level of pain and stress	Post test Assessment of level of pain and stress

Data analysis and interpretation
(Descriptive and inferential statistics.)

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with analysis and interpretation of data collected to evaluate the effectiveness of Bensons relaxation therapy on reduction of pain and stress among post caesarean mothers. The collected data was tabulated, organized and analyzed by using descriptive and inferential statistical analysis are presented under the following section.

Section A

Distribution of post caesarean mothers according to their demographic variables

Section B

a. Distribution of post caesarean mothers according to pre test score on level of pain in experimental and control group.

b. Distribution of post caesarean mothers according to pre test on level of stress in experimental and control group.

Section C

a. Distribution of post caesarean mothers according to post test score on level of pain in experimental and control group.

b. Mean, standard deviation and mean difference on level of pain among post caesarean mother in experimental and control group.

c. Distribution of post caesarean mothers according to post test score on level of stress in experimental and control group.

d. Mean, standard deviation (SD) and mean difference of the level of stress among post caesarean mothers in experimental and control group.

Section D

a. Effectiveness of Benson's relaxation therapy on reduction of level of pain in experimental and control group.

b. Effectiveness of Benson's relaxation therapy reduction of level of stress in experimental and control group.

c. Association on level of pain among pre caesarean mothers with their selected demographic variables in experimental and control group.

d. Association on level of stress among post caesarean mothers with their selected demographic variables in experimental and control group.

Section A

Distribution of post caesarean mothers according to their demographic variables.

Table 1

Frequency and percentage distribution of post caesarean mothers according to their demographic variables in experimental and control group

N=60

Sl. No	Demographic variables	Experimental Group		Control group	
		F	%	F	%
1	Age(in years)				
	a. 21 – 23 years	10	33.33%	11	36.66%
	b. 24 – 26 years	11	36.66%	11	36.66%
	c. 27 – 30 years	8	26.66%	6	20%
	d. Above 30 years	1	3.33%	2	6.66%
2	Religion				
	a. Hindu	26	86.66%	25	83.33%
	b. Muslim	4	13.33%	2	6.66%
	c. Christian	-	-	3	10%
	d. Others	-	-	-	-
3	Education of the mother				
	a. No formal education	1	3.33%	7	23.33%
	b. High school	12	40%	12	40%
	c. Higher secondary	10	33.33%	8	26.66%
	d. Graduate (UG & PG)	7	23.33%	3	10%
4	Education of the husband				
	a. No formal education	1	3.33%	7	23.33%
	b. High school	15	50%	11	36.66%
	c. Higher secondary	5	16.66%	7	23.33%
	d. Graduate (UG & PG)	9	30%	5	16.66%

5	Occupation of the mother				
	a. Home maker	23	76.66%	19	63.33%
	b. Daily wages	6	20	10	33.33%
	c. Executives	1	3.33%	-	-
	d. Others	-	-	1	3.33%
6	Occupation of the husband				
	a. Daily wages	25	83.33%	23	76.66%
	b. Executives	1	3.33%	4	13.33%
	c. Others	4	13.33%	3	10%
7	Income of the family				
	a. Rs.3000 – Rs.5000/-	15	50%	16	53.33%
	b. Rs.5001 – Rs.7000/-	3	10%	6	20%
	c. Rs.7001 – Rs.9000/-	7	23.33%	4	13.33%
	d. Above 9001	5	16.66%	4	13.33%
8	Type of Family				
	a. Nuclear family	13	43.33%	9	30%
	b. Joint family	17	56.66%	21	70%
9	Place of Residence				
	a. Rural	22	73.33%	21	70%
	b. Urban	8	8	9	30%
10	Indication for caesarean section				
	a. Post dated	9	30%	12	40%
	b. Oligohydramnios	16	53.33%	15	50%
	c. Cephalo pelvic disproportion	4	13.33%	3	10%
	d. Pregnancy induced hypertension	1	3.33%	-	-
11	No. of Post operative day				
	a. 2nd day	11	36.66%	12	40%
	b. 3rd day	12	40%	9	30%
	c. 4th day	5	16.66%	5	16.66%
	d. 5th day	2	6.66%	4	13.33%
12	Sex of the baby				
	a. Male	17	56.66%	17	56.66%
	b. Female	13	43.35%	13	43.33%

13	Have you undergone yoga classes				
	a. Yes	2	6.66%	4	13.35%
	b. No	28	93.33%	26	86.66%
14	Have you undergone parenthood classes				
	a. Yes	3	10%	3	10%
	b. No	27	90%	27	90%
15	Have you get social support after caesarean				
	a. Mother	17	56.66%	19	63.33%
	b. Mother in law	6	20%	8	26.66%
	c. Sisters	5	16.66%	3	10%
	d. Anut	2	6.66%	-	-

Table 4.1

Distribution of post caesarean mothers according to the age shows, that majority 11 (36.66%) of post caesarean mothers were in the age group of 24 – 26 years in experimental group and in control group majority 11 (36.66%) of the mothers were between the age of 21 – 23 years and 24 – 26 years

Distribution of post caesarean mothers according to the religion shows that in experimental group that majority 26(86.6%) of them belongs to Hindu religion, and in control group 25 (83.33%) of them Hindu religion.

Distribution of post caesarean mothers according to educational status show, that majority 10(33.33%) of them had received Higher Secondary Education in experimental group where as in control group 7 (23.33%) of them had received High School Education.

Distribution of post caesarean mothers according to their husband educational status shows that half of them 15 (50%) of them had received High

School Education in experimental group where as in control group majority 11 (36.66%) of them had received High School Education.

Distribution of post caesarean mothers according to their occupational status shows that majority 23 (76.66%), of them are Home Maker in experimental group where as in control group 19 (63.33%) of them are Home Maker.

Distribution of post caesarean mothers according to their Husband Occupational status shows that majority 25 (83.33%) of them are daily wages in experimental group where as in control group 23 (76.66%) are daily wages.

Distribution of post caesarean mothers according to their Income shows that majority 15 (50%) were in the income group of Rs 3000- 4000/- in experimental group where as in control group 16 (53.33%) were in the income group Rs.3000 – 5000/- .

Distribution of post caesarean mothers according to their family types, reveals that majority 17 (56.66%) of them belongs to Joint family in experimental group, and in control group 21 (70%), of them were in Joint family.

Distribution of post caesarean mothers according to their place of residence reveal that the majority 22(73.33%) of them are from Rural area in experimental group where as in control group 21 (70%) of them are from Rural area.

Distribution of post caesarean mothers according to their indication for caesarean section reveals that majority 16 (53.33%) of them had Oligohydramnios as their indication in experimental group where as in control group 15 (50%) of them had Oligohydramnios as their indication for caesarean section.

Distribution of post caesarean mothers according to the No of Post Operative Day shows that majority 12(40%) of them were   in 3rd post operative day in experimental group where as in control group 12 (40%) of them were 2nd day post operative day.

Distribution of post caesarean mothers according their sex of the baby reveals that majority 17 (56.66%) of the mothers delivered male baby in experimental group where as in control group 17 (56.66%) of the mothers delivered male baby.

Distribution of post caesarean mothers according to the history of undergone yoga classes shows that majority 28 (93.33%) of them had not underwent yoga classess in experimental group where as in control group 26 (86.66%) of them had not not underwent yoga classess.

Distribution of post caesarean mothers according to the history of attending parenthood classes reveals that majority 27 (90%) of them had not attended parenthood classes in the both experimental and control group.

Distribution of post caesarean mothers according to their social support after caesarean section reveals that majority 17 (56.66%) of them had received social support from their mother in experimental group, where as in control group 19 (63.33%) of them had received social support from their mother.

a. Distribution of post caesarean mothers according to pre test score on level of pain in experimental and control group

Figure 3: Percentage distribution of post caesarean mothers according to pre test score on level of pain in experimental and control group

In experimental group majority 73.33% of post caesarean mothers had experienced severe pain and about 26.66% of the post caesarean mothers had experienced moderate pain where as in control group majority 76.66% and 23.33% of the post caesarean mothers had experienced severe and moderate pain respectively.

Figure 4: Percentage distribution of post caesarean mothers according to pre test score on level of stress in experimental and control group.

In experimental group of post caesarean mothers 66.66% and 33.33% of the mothers had experienced moderate and severe stress respectively. Where as in control group 73.33% of the post caesarean mothers had experienced moderate stress and about 26.66% of the mothers had experienced severe stress.

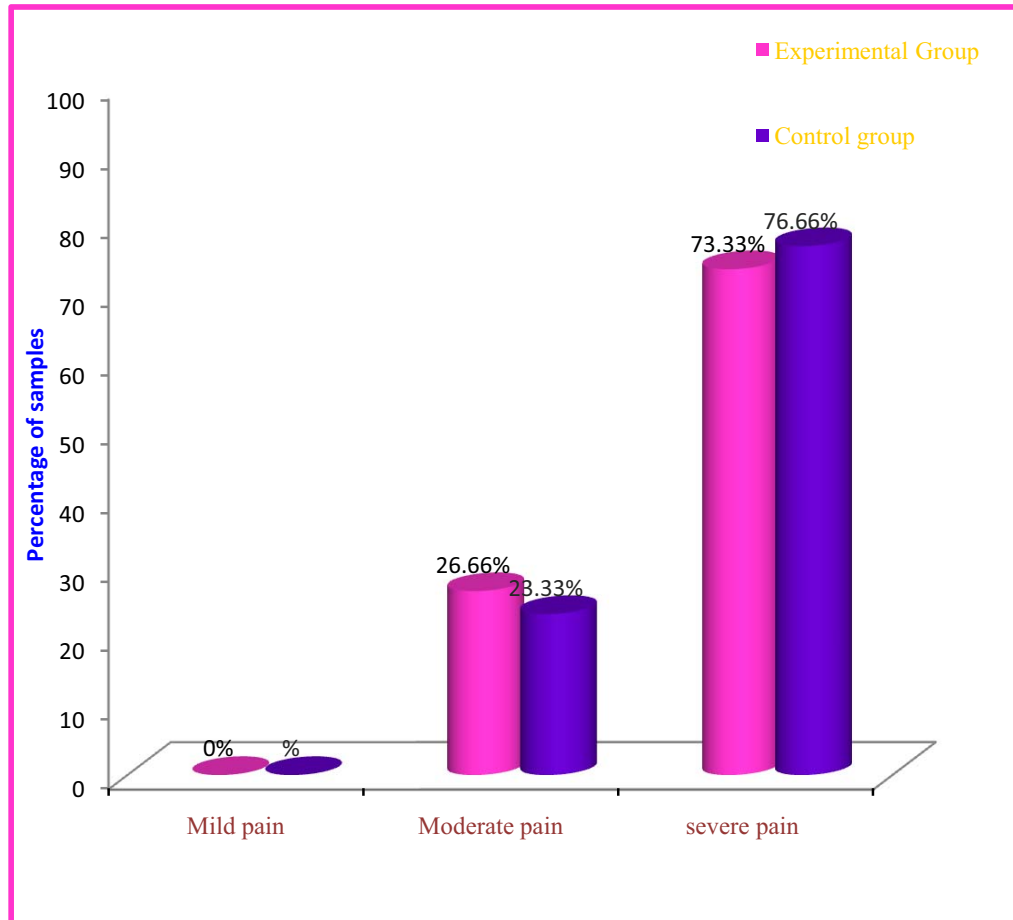**a. Distribution of post caesarean mothers according to post-test score on level of pain in experimental and control group**

Figure 5:Percentage distribution of post caesarean mothers according to post – test score on level of pain in experimental and control group.

A majority of 93.33% of the post caesarean mothers had experienced mild pain and about 6.66% of them had experienced moderate pain. Where as in control group majority 60% of the post caesarean mothers had experienced mild pain and about 33.33% and 6.66% of the mothers had experienced moderate and severe pain.

b. Comparison between the pretest and post test scores on level of pain in experimental and control group

Table 2

Mean Standard deviation and mean percentage on level of pain among post caesarean mothers in experimental and control group.

Groups	Maximum score	Pre test			Post test			Different in mean %
		Mean	S.D	Mean %	Mean	S.D	Mean %	
Experimental group	10	7.56	1.54	75.6	1.73	0.81	17.3	58.3
Control group	10	7.68	1.48	76.8	3.13	2.16	31.3	45.2

The above table shows that in experimental group the pre-test score was 7.56 $\pm$ 1.54 and mean percentage was 75.6 where as in post test mean score was 1.73 $\pm$ 0.81 and mean percentage was 17.3. In control group the pre test mean score 7.68$\pm$1.48 and mean percentage 76.8, where as in post test mean score was 3.13$\pm$2.16 and mean percentage was 31.3. It reveals that Benson's relaxation technique was effective in reducing the level of pain in experimental group.
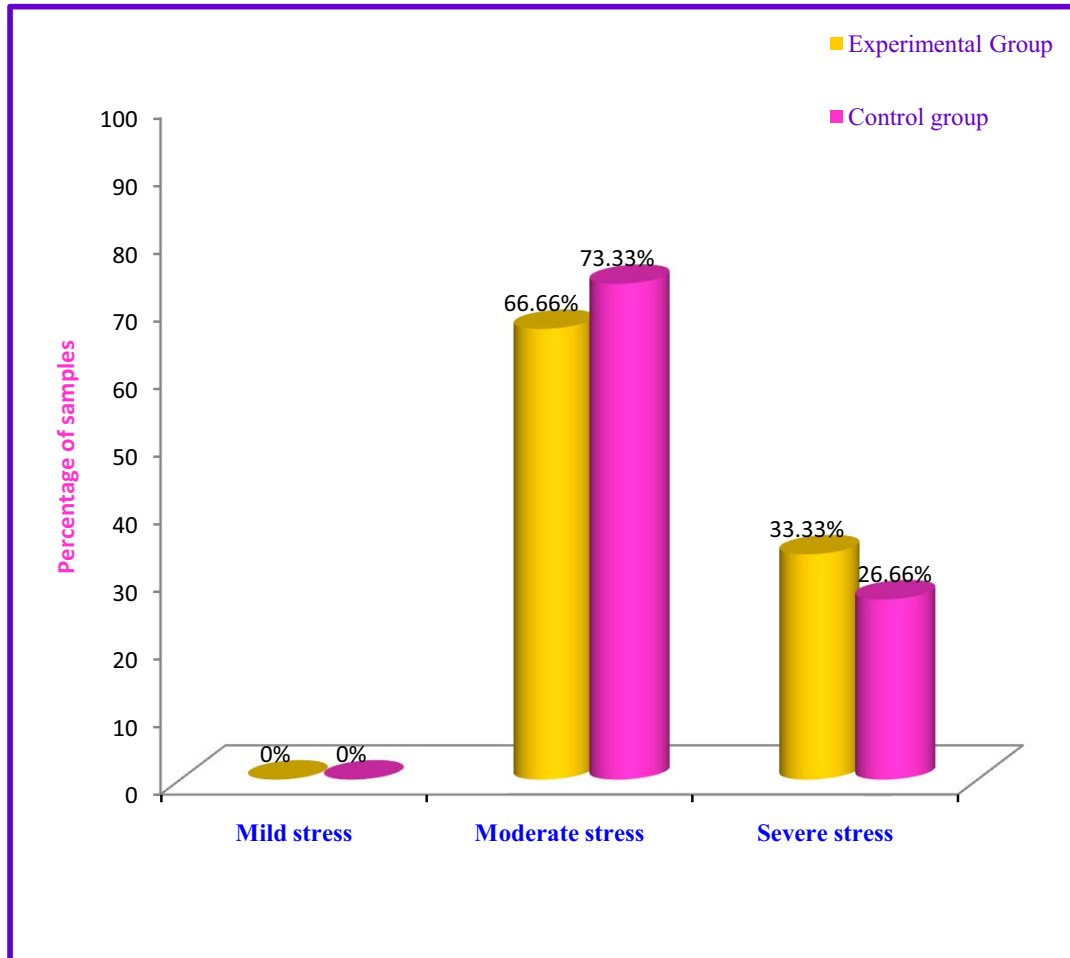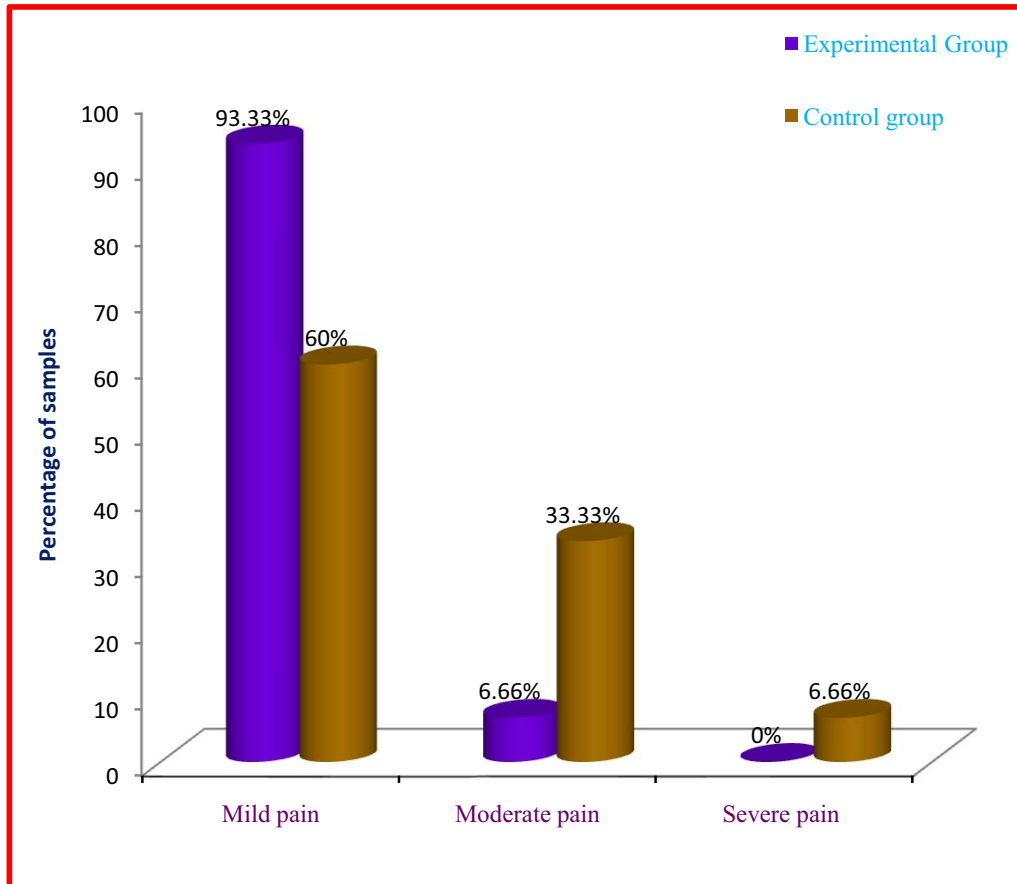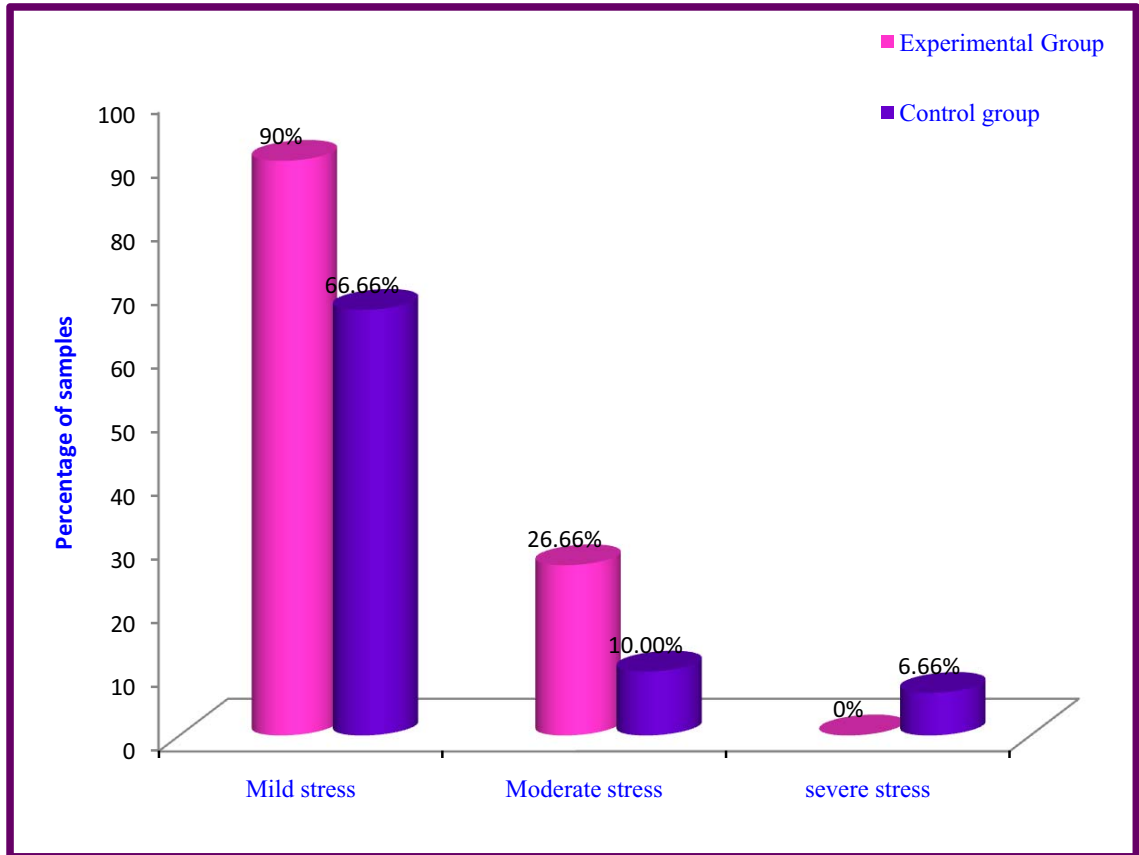
**Figure 6: Percentage distribution of post caesarean mothers according to
post test score on level of stress in experimental and control group**

The above bar diagram reveals, that in experimental group 90% of
the post caesarean mothers had mild stress and 10% of them had moderate
stress. Where as in control group 66.66% of the post caesarean mothers had
mild stress, 26.66% of the mothers had moderate stress and 6.66% of the
mothers had severe stress.

d. Comparison between the pre-test and post test score on level of stress in experimental and control group

Table 3

Mean, standard deviation (SD) and mean percentage of level of stress among post caesarean mothers in experimental and control group.

N=60

Groups	Maximum score	Pre test			Post test			Different in mean %
		Mean	S.D	Mean %	Mean	S.D	Mean %	
Experimental group	56	34.3	8.84	61.25	10.9	5.7	19.46	41.79
Control group	56	33	8.40	58.92	16.6	11.6	29.64	29.28

The above table shows, that in experimental group the pre test mean score was 34.3$\pm$8.84 and mean percentage 61.25. Where as in post test mean score was 109$\pm$5.7 and mean percentage was 19.46. In control group pre test mean score was 33$\pm$8.40 and mean percentage was 58.92. Where as in post test mean score was 16.6$\pm$11.6 and mean percentage was 29.64. In reveals that Bensons' relaxation therapy was effective in reducing the level of stress in experimental group.

Section D

Hypothesis Testing

a. Effectiveness of Benson's Relaxation therapy on reduction of level of pain in experimental and control group

Table 4

　　Mean, Standard deviation 't' value on level of pain among post caesarean mothers in experimental and control group.

N=60

Groups	Mean	S.D	't' value
Experimental group	1.73	0.81	3.41
Control group	3.13	2.16	

Significant at p≤0.05 level; Table value 1.96 df:58

　　The above table reveals that the mean score in experimental group was 1.73±0.81 and the mean score in control group 3.13 + 2.16. The 't' value is 3.41 which is significant at P≤0.05 level. Thus it becomes evident that Benson's relaxation therapy was effective in reducing the level of pain in experimental group. Hence H_1 is retained.

b. **Effectiveness of Benson's relaxation therapy on reduction of stress in experimental and control group.**

Table 5

Mean, standard deviation, 't' value on level of stress among post caesarean mothers in experimental and control group.

N=60

Groups	Mean	S.D	't' value
Experimental group	10.9	5.7	
Control group	16.6	11.6	2.43

significant at P≤ 0.05 level; table value 1.96; df = 58.

The above table reveals that the Mean score in experimental group was 10.9+ 5.7 and the Mean score in control group was 16.6+ 11.6. The 't' value is 2.43, which is significant at P≤ 0.05 level thus it becomes evident that Benson's relaxation therapy was effective in reducing the stress in experimental and control group. Hence H_2 is retained.

c. Association on level of pain among post caesarean mothers with their selected demographic variables in experimental and control group.

Table 6

Chi – square test on level of pain among post caesarean mothers with their demographic variables in experimental and control group.

N=60

Sl. No	Demographic variables	Experimental group			Control group		
		X^2	Table value	Df	X^2	Table value	Df
1.	Age in year	0.33	12.59	6	2.33	12.59	6
2.	Religion	0.063	12.59	6	1.97	12.59	6
3.	Education of the mother	0.276	12.59	6	3.27	12.59	6
4.	Place of residence	0.251	5.99	2	1.372	5.99	2
5.	No. of post operative days	1.56	12.59	6	7.089	12.59	6
6.	Have you undergone yoga classes	0.02	5.99	2	0.498	5.99	2
7.	Have you undergone parenthood classes	0.037	5.99	2	3.594	5.99	2
8.	Social support after caesarean section	0.77	12.59	6	0.746	12.59	6

significant at P≤ 0.05 level.

The data presented in table 4.6 shows, that there was no significant association between the level of pain with their selected demographic variables of post caesarean mothers in both experimental and control group Hence H_3 is rejected.

d. **Association on level of stress among post caesarean mothers with their selected demographic variables in experimental and control group.**

Table 7

Chi – square test on level of stress among post caesarean mothers with their demographic variables in experimental and control group

N=60

Sl. No	Demographic variables	Experimental group			Control group		
		X^2	Table value	Df	X^2	Table value	df
1.	Age in year	1.209	12.59	6	1.323	12.59	6
2.	Religion	0.111	12.59	6	6.987	12.59	6
3.	Education of the mother	3.199	12.59	6	6.697	12.59	6
4.	Place of residence	0.75	5.99	2	0.565	5.99	2
5.	No. of post operative days	0.679	12.59	6	7.458	12.59	6
6.	Have you undergone yoga classes	0.037	5.99	2	1.187	5.99	2
7.	Have you undergone parenthood classes	0.069	5.99	2	8.403	5.99	2
8.	Social support after caesarean section	0.7	12.59	6	2.29	12.59	6

Significant at P≤0.05 level.

The data presented in table 4.7 show that, there was no significant association between the level of stress with their selected demographic variables of post caesarean mothers in experimental and control group. Hence H_4 is rejected.

Summary

This chapter dealt with data analysis and interpretation in the form of statistical values based on the objectives. Frequency and percentage on level of pain and stress among samples with their demographic variables in experimental and control group. The 't' test was used to evaluate the effectiveness of Benson's relaxation technique on reduction of pain and stress among post caesarean mothers. The chi-square test was used to find out the association between the level of pain and stress among samples with their demographic variables.

CHAPTER V

DISCUSSION

A True experimental study was done to evaluate the effectiveness of Benson's relaxation therapy on reduction of pain and stress among post caesarean mothers at selected hospital, Pudukkottai. The findings of the study have been discussed with interference to the objective and relevant study from the review of literature.

Description of demographic variables

The researcher found that in experimental group distribution of post caesarean mothers according to their age groups shows 11(36.66%) of them were in the age group of 24- 26 years, and the majority 26(86.66%) of them were Hindus , 12(40%) of them mothers had studied upto High School level, 15 (50%) of them mothers husband had studied upto High School level, 23(76.66%) of the mothers were Home Makers, 25(83.33%) of the mothers husband occupation was Daily wages,15(50%) of them mothers had monthly income of Rs.3000-5000, 17(56.66%) of them mothers belongs to Joint family, 22(73.33%) of them mothers were from Rural area, 16(53.33%) of them mothers had Oligohydramnios as indication for caesarean section , 12(40%) of them mothers were in 2nd day of Post Operative day, 17(56.66%) of them mothers has delivered Male baby, 28(93.33%) of them mothers had not undergone Yoga classes, 27(90%) of them mothers had not undergone Parenthood classes and 17(56.66%)of them mothers had received Social Support from their Mothers.

In control group distribution of post caesarean mothers according to their age group shows 11(36.66%) of them were in the age groups of 21-23 years and 24-26 years, 25.(83.33%) of them mothers were Hindus, 12(40%) of them mothers had studied upto High School level, 11 (36.66%) of them

mothers husband had studied upto High School level, 19(63.33%) of the mothers were Home Makers, 23(76.66%) of the mothers husband occupation was Daily wages, 16(53.33%) of them mothers had monthly income of Rs.3000-5000, 21(70%) of them mothers belongs to Joint family, 21(70%) of them mothers were from Rural area, 15(50%) of them mothers had Oligohydramnos as indication for caesarean section, 12(40%) of them mothers were in 2nd day of Post Operative day, 17(56.66%) of them mothers has delivered Male baby, 26(86.66%) of them mothers had not undergone Yoga classes, 27(90%) of them mothers had not undergone Parenthood classes and 19(63.33%)of them mothers had received Social Support from their Mothers.

The present study findings was supported by **Reshma SS (2012)**,0n the quasi experimental study was conducted at Government Hospital and A.J Hospital Mangalore in India, to evaluate the effectiveness of relaxation therapy on reduction of stress among post caesarean mothers. The sample size consisted of 30 post operative mothers with moderate stress. One group pre test posttest research design was selected for the study. The finds of the study reveals that the mean of pre – relaxation score (17.40) was significantly higher than the mean of post relaxation score (7.17). Since the difference in mean post therapy score is evident, which clearly suggests that relaxation therapy was very effective.

Objective – 1: To assess the level of pain and stress among post caesarean mothers before and after Benson's relaxation therapy in both experimental and control group.

The study reveals that among post caesarean mothers in experimental group during pre test 26.66% of them mothers had moderate pain, and 73.33% of them mothers had severe pain. During post test 93.33% of them mothers had mild pain, and 6.66% of them mothers had moderate pain. Where as in control group during pre test 23.33% of them had mothers had moderate pain, 76.66% of them mothers had severe pain. During post test 60% of them mothers had

mild pain, 33.33% of them mothers had moderate pain, and 6.66% of them mothers had severe pain.

In experimental group during pre test 66.66% of them mothers had moderate stress and 33.33% of them mothers had severe stress. During post test 90% of them mothers had mild stress, 10% of them mothers had moderate stress. Where as in control group during pre test 73.33% of them mothers had moderate stress, 26.66% of them mothers had severe stress. During post test 66.66% of them mothers had mild stress, 26.66% of them mothers had moderate stress, and 6.66% of them mothers had severe stress.

The study implies that mild, moderate and severe level of pain and stress is common among the post caesarean mothers and they require some innovative measures to reduce their level of pain and stress.

The present study findings was supported by **Costa**.**MH (2008),** who conducted on experimental study in a maternity hospital in Brazil. The sample composed of 60 post caesarean mothers aimed to evaluate the effect of relaxation techniques on reduction of stress during post operative days. The experimental group received Benson's relaxation therapy and control group did not received any intervention. The application of the Mann-Whitney, Wilcoxon, and Pearson's correlation statistical tests showed a significant reduction in the levels of stress in the experimental group.

Objective – 2: To assess the effectiveness of Benson's relaxation therapy on reduction of pain and stress among post caesarean mothers in experimental and control group.

In experimental group the post test pain mean score was 1.73 ± 0.81 and in control group post test mean score was 3.13 ± 2.16. The "t" value is 3.41 which is significant at $p \leq 0.05$ level. Thus it becomes evident that Benson's

relaxation therapy was effective in reducing the post caesarean pain in experimental group. Hence H_1 is retained.

In experimental group the post test mean score was 10.9 ± 5.7 and in control group post test mean score was 16.6 ± 11.6.The "t" value is 2.43 which is significant at $p \leq 0.05$ level. Thus it becomes evident that Benson's relaxation therapy was effective in reducing the post caesarean stress in experimental group. Hence H_2 is retained.

The above study finding reveals that Benson's relaxation therapy is effective in reducing post caesarean pain and stress among post caesarean mothers.

Herrk, (2015), conducted a Quasi experiment, prospective not blind, randomized two group parallel study among post caesarean women regarding their experiences due to operative trauma at Cibbabat Hospital, Cimah. This was quasi- experimental study with pre and post test design. Post caesarean section women with quota sampling who met the inclusion criteria were selected as samples. A total of 60 samples was assigned 30 in experimental and control group. Women in the experimental group received the Benson's relaxation therapy and those in the control group received regular care from the health workers. The outcome pain severity was measured by visual analogue scale before and after the intervention. The results of the study revealed that Benson's relaxation therapy was found to be very effective in reducing pain among post caesarean women.

The present study findings was supported by **Rosentfeldt F(2008**)   A comparative study was conducted at Alfred Hospital Melbourne in Australia between November 2006 and 2008 among the Patients undergoing elective caesarean section using stress reduction programs within the public hospital setting. . A total of 137 post caesarean mothers were assessed. Among them 60 received Benson's relaxation therapy and 57 received usual care. The stress

was assessed by standardized stress rating scale. It was calculated that 60% of the patient experienced reduction in the stress level in experimental group, where as 40%of the patients experienced reduction of stress in the usual care received group. p-value of 0.05 level. Hence Benson's relaxation therapy was found to be very effective .

Objective – 3: To associate between post test level of pain among post caesarean mothers with their selected demographic variables.

The present study reveals that in post test level of pain in experimental and control group, there was no significant association between the level of pain and their demographic variables at $p \leq 0.05$ level. Hence H_3 is rejected.

Objective – 4: To associate between post test level of stress among post caesarean mothers with their selected demographic variables.

The present study reveals that in post test level of stress in experimental and control group, there was no significant association between the level of stress and their selected demographic variables, at $p \leq 0.05$ level. Hence H_4 is rejected.

SUMMARY

This chapter dealt with the discussion of the study with reference to the objective and supportive studies. All the four objective have been obtained. The first two formulated hypothesis was retained and next two hypothesis was rejected in this study.

CHAPTER VI

SUMMARY, CONCLUSION, IMPLICATION AND RECOMMENTATIONS

This chapter presents the summary of the study and conclusion drawn. It classifies limitations of the study, implications, recommendations in different areas like nursing practice, nursing education, nursing administration, nursing research and recommendation for the further study.

SUMMARY OF THE STUDY

"A study to evaluate the effectiveness of Benson's relaxation therapy on reduction of pain and stress among post caesarean mothers admitted at selected hospital, Pudukkottai".

OBJECTIVES

1. To assess the level of pain and stress among post caesarean mothers before intervention in both experimental group and control group.

2. To assess the effectiveness of Benson's relaxation therapy on reduction of pain and stress among post caesarean in experimental and control group.

3. To associate between the post test level of pain among post caesarean mothers with their selected demographic variables.

4. To associate between the post level of stress among post caesarean mothers with their selected demographic variables.

HYPOTHESES

1. H_1. There will be a significant reduction in the level of pain after Benson's relaxation therapy among post caesarean mothers.

2. H_2. There will be a significant reduction in the level of stress after Benson's relaxation therapy among post caesarean mothers.

3. H_3. There will be a significant association between the level of pain among post caesarean mothers with their selected demographic variables.

4. H_4. There will be a significant association between the level of stress among post caesarean mothers with their selected demographic variables.

The main study was conducted for a period of six weeks at Government Ranees Hospital Pudukkottai. A total samples of 60 post caesarean mothers were selected according to their inclusion criteria by probability simple random sampling technique. Among them 30 were assigned to experimental group and 30 were assigned to control group. The data collection tool consists of three sections, section-I Demographic variables of post caesarean mothers, section-II Numerical pain scale was used to assessed pain, and section-III Perceived Stress Scale (PSS) was used to assessed stress level. The data was analyzed by using descriptive and inferential statistics.

Major Findings Are Summarized As Follows

Among the experimental group of post caesarean mothers in the pre test majority about 73.33% of the post caesarean mothers had severe pain, 26.66% of the post caesarean mothers had moderate pain. Where as in control group about 76.66% of the post caesarean mothers had severe pain, 23.33% of the post caesarean mothers had moderate pain.

In experimental group of post caesarean mothers in the pre test about 33.33% of the post caesarean mothers had severe stress, and 66.66% of the post caesarean mothers had moderate stress. Where as in control group, 26. 66% of the post caesarean mothers had severe stress, and 73.33% of the post caesarean mothers had moderate stress.

In pre test among the experimental group the mean pain score was 7.56+ 1.56 and mean percentage was 75.6. where as in control group mean pain score was 7.68+ 1.48 and mean percentage was 76.8.

In post test among experimental group, the mean pain score was 1.73+0.81 and mean percentage was 17.3. where as in control group the mean pain score was 3.13+2.16 and mean percentage was 31.3.

In pre test among experimental group the mean stress score was 34.3+8.84 and mean percentage was 61.25. where as in control group the mean stress score was 33+8.40 and mean percentage was 58.92.

In post test among experimental group the mean stress score was 10.9+5.7 and mean percentage was 19.46. where as in control group the mean stress score was 16.6+11.6 and mean percentage was 29.64.

It reveals that the level of pain and stress are reduced in experimental group than in control group.

In experimental group the post test mean pain score was 1.73+0.81 and in control group 3.13+2.16. The 't' value is 3.41. Which is significant at $p \leq$ 0.05 level.

In experimental group the post test mean stress score was 10.9+5.7 and in control group mean score was 16.6+11.6. The 't' value is 2.43. which is significant at $p \leq$ 0.05 level.

Thus it becomes evident that Benson's relaxation therapy was effective in reducing the level of pain and stress in experimental group. Thus the research hypothesis H_1 and H_2 is retained.

No significant association was found between the selected demographic variables with the level of pain and stress in both experimental and control group. Hence the research hypothesis H_3 and H_4 is rejected at $p \leq 0.05$ level.

CONCLUSION

The study was done to evaluate the effectiveness of Benson's relaxation therapy on reduction of pain and stress among post caesarean mothers at selected hospital, Pudukkottai. The finding reveals that Benson's relaxation therapy was effective in reducing pain and stress among post caesarean mothers.

IMPLICATION

Nursing service:

- Emphasis can be given to the antenatal mothers regarding self care rather than allowing them and their family to become dependent on health care personnel.

- The Benson's relaxation therapy can be used effectively by the midwife for significant reduction in pain and stress among post caesarean mothers.

- All the post caesarean mothers with pain and stress can be taught about the advantage of Benson's relaxation therapy in the management of pain and stress.

- All the post caesarean mothers with post caesarean pain and stress can be taught the self practices techniques and they can be made efficient to manage the post caesarean pain and stress at their home setup itself.

- Antenatal mother's can be taught about various relaxation techniques.

Nursing education

- Nurse educator should be updated with knowledge of complimentry alternative medicine for reducing pain and stress.

- Nurse educators should take initiative in organizing continuing nursing education program on complementary and alternative medicine.

- The nurse educator should be able to develop specific skill in providing relaxation exercises in pain and stress.

- Booklet can be developed about various relaxation techniques that can be practiced in the antenatal, labour and postnatal units

Nursing Administration

- Nurse administrator should organize in service education program to the staff regarding the management of post caesarean pain and stress.

- Nurse administrator should motivate the mass media to educate the importance of practicing complimentary alternative medicine.

- Nurse administrator should arrange the demonstration program in the community and hospital regarding Non- Pharmacological methods.

Nursing Research

- This study will be used as a baseline for future studies to build upon.

- Nurse researcher should use other measures in the management of post caesarean pain and stress.

- Researcher can be conducted with various population at various setting.

- Motivate use of Non-Pharmacological methods of pain management.

RECOMMENDATIONS

- ➢ A similar study can be conducted using large sample.

- ➢ A comparative study can be conducted with other complementary therapies.

- ➢ A comparative study can be done related to the Benson's relaxation therapy among primi and multigravida women.

- ➢ A comparative study can be done related to the Benson's relaxation therapy among rural and urban women.

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APPENDIX A

LETTER SEEKING PERMISSION TO CONDUCT THE RESEARCH STUDY

From

    Ms.Bommi. K
    M.Sc Nursing II Year
    Karpaga Vinayaga College of Nursing
    Pudukkottai

To

    The Principal
    Karpaga Vinayaga College of Nursing
    Pudukkottai

Respected madam,

        Sub: Permission for Conduct Research Project – request – reg.

                    ….

    This is for your kind information that, I am Ms.Bommi.K, M.Sc. Nursing II Year student of Karpaga Vinayaga College of Nursing, Pudukkottai. I would like to conduct a study as a part of partial fulfillment for the degree of Masters in Nursing. The statement of the problem is "A STUDY TO EVALUATE THE EFFECTIVENESS OF BENSON'S RELAXATION THERAPY ON REDUCTION OF PAIN AND STRESS AMONG POST CAESAREAN MOHERS ADMITTED AT SELECTED HOSPITAL , PUDUKKOTTAI during the year 2015".

                  Thanking you in anticipation

                                Yours Faithfully,

                                  Bommi. K

Place:

Date:

APPENDIX B

PERMISSION LETTER

From

    Ms.Bommi.K
    M.Sc Nursing II Year
    Karpaga Vinayaga College Nursing
    Pudukkottai

To

    RMO Officer
    Government Ranees Hospital
    Pudukkottai

Respected Sir,

    Sub: Requisition for permission to conduct the study regarding.

…

I am M.Sc Nursing II year student in Karpaga Vinayaga College of Nursing , Pudukkottai in partial fulfillment of my course for M.Sc. Nursing. I selected the following topic for the research mentioned below

Topic : A study to evaluate the effectiveness of Benson's relaxation therapy on reduction of pain and stress among post caesarean mothers in selected hospital at Pudukkottai.

I would like to conduct the research in your esteemed hospital. Kindly grant me permission for the same. Confidentiality will be maintained throughout the study.

Thanking you.

Yours Faithfully

PERMISSION LETTER TO CONDUCT STUDY

From,
   Ms.Bommi.K.
   M.Sc. Nursing II year
   Karpaga Vinayaga College of Nursing
   Pudukkottai

To,
   The Hospital superintendent
   Government head quarters hospital
   Pudukkottai.

Respected Madam,

Sub: Permission to conduct research study research study request regarding,

This is to inform, I Ms.Bommi.K, IInd year M.Sc.Nursing student of Karpaga Vinayaga College of Nursing, Pudukkottai. I have to conduct a research project which is to be submitted to Dr M.G.R. medical university in partial fulfilment of university requirement for the award of master of nursing degree.

ON THE TOPIC: "A STUDY TO EVALUATE THE EFFECTIVENESS OF BENSON'S RELAXATION THERAPY ON REDUCTION OF PAIN AND STRESS AMONG POST CEASAREAN MOTHERS ADMITTED AT SELECTED HOSPITAL, PUDUKKOTTAI"

I am very much interested in conducting the study among post caesarean mothers. I shall be obliged if you kindly grant me permission for conducting the study in your esteemed hospital. I assure you that confidentiality will be maintained throughout the study .Kindly consider my request and grant me permission for the same.

Thanking you

Place : Pudukkottai   Yours sincerely

Date :   02.11.2015   Ms. Bommi.k

PERMISSION LETTER

From

Ms.Bommi.K

M.Sc Nursing II Year

Karpaga Vinayaga College Nursing

Pudukkottai

To

RMO Officer

Government Ranees Hospital

Pudukkottai

Respected Sir,

Sub: Requisition for permission to conduct the study regarding

I am M.Sc Nursing II year student in Karpaga Vinayaga College Of Nursing , Pudukkottai in partial fulfillment of my course for M.Sc Nursing. I selected the following topic for the research mentioned below

Topic : A study to evaluate the effectiveness of Benson's relaxation therapy on reduction of pain and stress among post caesarean mothers in selected hospital at pudukkottai

I would like to conduct the research in your esteemed hospital. Kindly grand me permission for the same confidential will be maintained throughout the study.

Thanking you

Permitted to do study (as per JO's permission letter on 3/11/15)

21.12.1Y

Yours Faithfully

[BOMMI.K]

APPENDIX C

LETTER REQUESTING OPINION AND SUGGESTIONS OF EXPERTS FOR CONTENT VALIDITY OF THE RESEARCH TOOL

From

    Ms. Bommi. K
    M.Sc Nursing II Year
    Karpaga Vinayaga College of Nursing
    Pudukkottai

To,

(Through proper channel)

Respected Sir/ Madam,

      Sub: Requesting opinion and suggestions of experts for establishing Content validity of the tool.

          …

    I, Ms. Bommi.K, II Year M.Sc Nursing student of Karpaga Vinayaga College of Nursing, Pudukkottai, have selected the below mentioned statement of the problem for the research study to be submitted to The Tamil Nadu Dr.M.G.R. Medical University, Chennai as partial fulfilment for the award of Master of Science in Nursing.

    Topic: A Study to Evaluate the Effectiveness of Benson's Relaxation Therapy on Reduction of Pain and Stress among Post Caesarean Mothers admitted at selected hospital, Pudukkottai.

    I request you to validate the tool developed for the study and give your expert opinion and suggestion for necessary modifications.

          Thanking you

                        Yours sincerely

                        Bommi.K

Date:
Place:
Enclosed:
1.   Certificate of validation
2.   Criteria check list of evaluation of tool
3.   Tool for collection of data
4.   Intervention – Benson's relaxation therapy

APPENDIX D

LETTER SEEKING PERMISSION FROM THE PARTICIPANTS

Dear Participants,

I Ms. Bommi.K II Year M.sc Nursing student of Karpaga Vinayaga College of Nursing, is interested to know about your comments and valid information on effectiveness of Benson's relaxation therapy on reduction of pain and stress. The information which you are giving will be kept confidential and will be used only for this study. Please participate in the programme by answering my questions honestly and state your willingness to participate in this study.

Thanking You

Name
Signature

APPENDIX E

SECTION I

DEMOGRAPHIC VARIABLE

1. Age [in years]

    a. 21-23 years

    b. 24-26 years

    c. 27-30 years

    d. above 30 years

2. Religion

    a. Hindu

    b. Muslim

    c. Christian

    d. Others

3. Educational status of the mother

    a. No formal education

    b. High school education

    c. Higher secondary education

    d. Graduate [UG & PG]

4. Educational status of the husband

    a. No formal education

    b. High school education

    c. Higher secondary education

    d. Graduate [UG & PG]

5. Occupation of the mother

    a. Home maker

    b. Daily wages

    c. Executive

    d. Others

6. Occupation of the husband

    a. Daily wages

    b. Executive

    c. Others

7. Monthly income of the family

    a. Rs,3000-5000

    b. Rs,5001-7000

    c. Rs,7001-9000

    d. Above 9000

8. Type of family

     a. Nuclear family

     b. Joint family

9. Place of residence

     a. Rural area

     b. Urban area

10. Indication for caesarean delivery

     a. Post dated

     b. Oligohydramnios

     c. Cephalo pelvic disproportion

     d. Pregnancy induced hypertension

11. No of post operative day

     a. 2 day

     b. 3 day

     c. 4 day

     d. 5 day

12. Sex of the baby

     a. Male child

     b. Female child

13. Have you undergone yoga classes?

    a. Yes

    b. No

14. Have you undergone parenthood classes?

    a. Yes

    b. No

If yes, the topic attended

    a. Prenatal care

    b. Family planning

    c. New born care

    d. All of the above

15. Have you get social support after caesarean delivery?
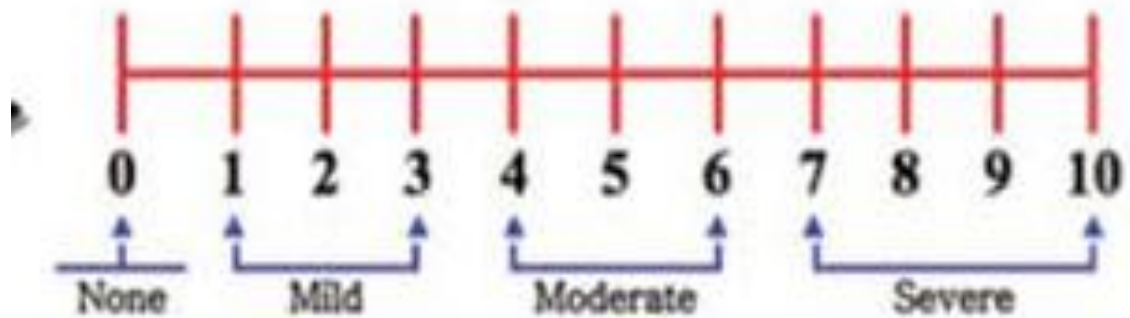
    a. Mother

    b. Mother in law

    c. Sisters

    d. Aunt

Section II

Numerical Pain Scale for assessing the pain among post caesarean mothers

Place a tick (✔) mark against the number of your choice according to your severity of pain

Category of pain	Score
None	0
Mild pain	1 – 3
Moderate pain	4 – 6
Severe pain	7 – 10

Section III
PERCEIVED STRESS SCALE [PSS-14]

Here are 14 questions that will help to assess your stress level. Each questions has five responses. Please put a tick mark against the column of your choice.

SCORE: 0 – NEVER, 1 – ALMOST , 2- SOME TIME 3-FAIRLY OFTEN
4 VERY OFTEN

S. NO	ITEMS	NEVER (0)	ALMOST (1)	SOME TIME(2)	FAIRLY OFTEN(3)	VERY OFTEN(4)
1.	Being upset that happened unexpectedly					
2.	Feeling of unable to control the important things in life					
3.	Feeling nervous and "stressed"					
4.	Able to deal successfully with day to day problems and annoyances					
5.	Feeling effectively coping with important changes that were occurring in life.					
6.	Feeling confident about ability to handle personal problems					
7.	Feeling that things were going according to own way					
8.	Feeling unable to could not cope with all things that should be do					
9.	Able to control irritation in life					
10.	Feeling on top of things					

11.	Being angered because things were happening outside of control					
12.	Thinking about the things that to be accomplished					
13.	Able to control the way of spending time					
14.	Feeling that difficulties were piling up so high that they could not be overcomed					

Category of stress	Score
Mild stress	0 – 8
Moderate stress	19 – 37
Severe stress	38 -56

பகுதி I

சமூகநலக்காரணிகள்

1. வயது வரம்பு (ஆண்டுகளில்)

    அ. 21 – 23 ஆண்டுகள்

    ஆ. 24 – 26 ஆண்டுகள்

    இ. 27 – 30 ஆண்டுகள்

    ஈ. 30க்கும் மேல்

2. மதம்

    அ. இந்து

    ஆ. முஸ்லீம்

    இ. கிறிஸ்துவர்

    ஈ. மற்றவை

3. தாயின் கல்விதகுதி

    அ. அனுபவஅறிவு மட்டும்

    ஆ. உயர்நிலைப் பள்ளி வரை

    இ. மேல்நிலைப் பள்ளி வரை

    ஈ. பட்டம் மற்றும் பட்டய படிப்பு

4. தந்தையின் கல்விதகுதி

    அ. அனுபவஅறிவு மட்டும்

    ஆ. உயர்நிலைப் பள்ளி வரை

    இ. மேல்நிலைப் பள்ளி வரை

    ஈ. பட்டம் மற்றும் பட்டய படிப்பு

5. தாயின் தொழில்

    அ. குடும்பத்தலைவி

    ஆ. சுயதொழில்

    இ. அரசு ஊழியர்

    ஈ. மற்றவை

6. தந்தையின் தொழில்

    அ. சுயதொழில்

    இ. அரசு ஊழியர்

    ஈ. மற்றவை

7. குடும்பத்தின் மாத வருமானம்

     அ. ரூ.3000 – 4000

     ஆ. ரூ.5001 – 7000

     இ. ரூ.7001 – 9000

     ஈ. ரூ.9000த்திற்கு மேல்

8. குடும்பத்தின் விபரம்

     அ. தனிக்குடும்பம்

     ஆ. கூட்டுக்குடும்பம்

9. வசிக்கும் இடம்

     அ. கிராமபுரம்

     ஆ. நகர்புரம்

10. அறுவைச் சிகிச்சைக்கான காரணிகள்?

     அ. கொடுக்கப்பட்ட பிரசவ தேதிக்கு மேல்

     ஆ. குறைவான பனிகுட நீர்ச்சத்து

     இ. இடுப்புபெலும்பு மற்றும் குழந்தையின் தலைவிகிதம் வேறுபாடுகள்

     ஈ. கர்ப்பகால இரத்த அழுத்தம்

11. அறுவைசிகிச்சை செய்து எத்தனை நாட்கள் ஆகின்றன?

     அ. இரண்டாவது நாள்

     ஆ. மூன்றாவது நாள்

     இ. நான்காவது நாள்

     ஈ. ஐந்தாவது நாள்

12. குழந்தையின் பாலினம்?

     அ. ஆண்குழந்தை

     ஆ. பெண்குழந்தை

13. நீங்கள் யோகா பயிற்சி பெற்றதுண்டா?

     அ. ஆம்

     ஆ. இல்லை

14. குழந்தை நலம் மற்றும் குழந்தை வளர்ப்பு பயிற்சிகளுக்கு சென்றதுண்டா?

அ. ஆம்

ஆ. இல்லை

ஆம் எனில் கீழ்கண்டவற்றில் எந்த தலைப்பில் பயிற்சி பெற்றீர்களா?

அ. கர்ப்பகால முன் கவனிப்பிலிருந்து பேறுகால பின் கவனிப்பு வரை

ஆ. குடும்பகட்டுப்பாட்டு முறைகள்

இ. பச்சிளங்குழந்தை பராமரிப்பு

ஈ. மேற்கூறிய அனைத்தும்

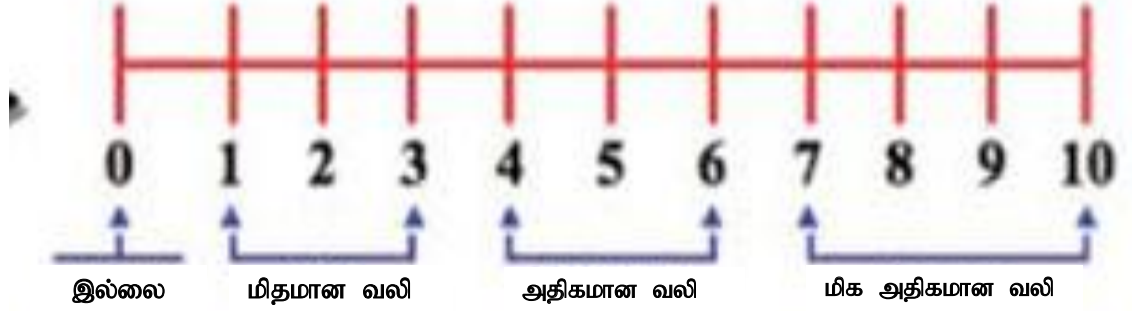15. அறுவைசிகிச்சைக்கு பின்பு உங்களுக்கு உறுதுணையாக இருந்தவர்

அ. அம்மா

ஆ. மாமியார்

இ. சகோதரிகள்

ஈ. அத்தை

பகுதி 2

கீழே கொடுக்கப்பட்டுள்ள அளவு கோலின் மூலம் உங்களின் அறுவைச் சிகிச்சையின் வலியினை அளவிட முடியும் இதில் மூன்று விதமாக வலியின் அளவினை மதிப்பீடு செய்யப்படும் அதில் உங்களுக்கு பொருத்தமான கட்டத்தில்   (✔) குறியீடு செய்யவும்

அளவுகோலின் வலி	மதிப்பு
இல்லை	0
மிதமான வலி	1 – 3
அதிகமான வலி	4 – 6
மிக அதிகமான வலி	7 – 10

<div align="center">

பகுதி 3

மனஅழுத்ததிற்கான அளவுகோல்

</div>

கீழே கொடுக்கப்பட்டுள்ள 14 கேள்விகள் மூலம் உங்களின் மனஅழுத்தத்தை அறிய முடியும் இதில் ஐந்து கட்டங்கள் உள்ளன. அதில் உங்களுக்கு பொருத்தமான கட்டத்தில் (✔) குறியீடு செய்யவும்

0 எப்போதும் இல்லை 1 கிட்டத்தட்டஇல்லை 2 சிலநேரங்களில் 3 ஆம்சில தடவை 4 அடிக்கடி

வ. எண்	பொருளடக்கம்	எப்போதும் இல்லை	கிட்டத்தட்ட இல்லை	சில நேரங்களில்	ஆம் சில தடவை	அடிக்கடி
		0	1	2	3	4
1.	எதிர்பாராமல் ஏதேனும் நடந்தால் மனச்சோர்வு அடைவதுண்டா?					
2.	வாழ்க்கையில் முக்கியமான தருணங்களில் உணர்ச்சி வசப்படுவதுண்டா?					
3.	பதட்டமும், மனஅழுத்தம் ஏற்படுவதுண்டா?					
4.	நாள்தோறும் ஏற்படும் பிரச்சனைகள் மற்றும் கோபங்களை வெற்றிகரமாக எதிர்கொள்வீர்களா?					
5.	வாழ்க்கையில் ஏற்படும் முக்கிய மாற்றங்களை துணிவுடன் எதிர்கொள்வீர்களா?					
6.	தனிப்பட்ட பிரச்சனைகளை தன்னம்பிக்கையுடன் எதிர்கொள்வீர்களா?					
7.	விதிப்படி அது நடக்கிறது என்று நினைப்பீர்களா?					
8.	சில பிரச்சனைகளை தீர்க்க முடிந்தும், அதனை சமாளிக்க முடியாது என நினைப்பீர்களா?					
9.	வாழ்க்கையின் எரிச்சல் மற்றும் துன்பங்களை தாங்கி கொள்வீர்களா?					
10.	எப்போதும் நான் உயர்ந்தவர் என்று நினைப்பீர்களா?					

11.	உங்களது கட்டுப்பாட்டை மீறிய செயலுக்காக கோபம் அடைவீர்களா?					
12.	நிறைவேற்ற வேண்டிய விஷயங்களை பற்றி நினைப்பீர்களா?					
13.	செலவழிக்கும் நேரத்தை கட்டுப்படுத்த வழி முறை காண்பீர்களா?					
14.	கஷ்டங்களை நிறைந்து விட்டது ஆகையால் அதை வென்றிட முடியாது என நினைப்பீர்களா?					

அளவுகோலின் மன அழுத்தம்	மதிப்பு
முதிதமான மனஅழுத்தம்	0 – 8
அதிகமான மனஅழுத்தம்	19 – 37
மிக அதிகமான மனஅழுத்தம்	38 -56

B. SCORING KEY

SL. NO	NEVER	ALMOST	SOME TIME	FAIRLY OFTEN	VERY OFTEN
1.	0	1	2	3	4
2.	0	1	2	3	4
3.	0	1	2	3	4
4.	0	1	2	3	4
5.	0	1	2	3	4
6.	0	1	2	3	4
7.	0	1	2	3	4
8.	0	1	2	3	4
9.	0	1	2	3	4
10.	0	1	2	3	4
11.	0	1	2	3	4
12.	0	1	2	3	4
13.	0	1	2	3	4
14.	0	1	2	3	4

APPENDIX G
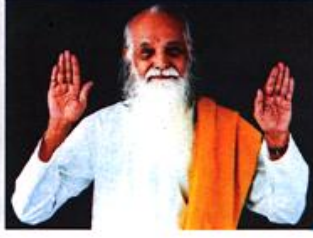
CERTIFIED FOR VALIDITY

This is to certify that the candidate **Ms.K.BOMMI**, M.Sc. Nursing Second year can very well apply the yoga therapy such as hand exercise and neuro muscular breathing exercises to reduce the stress. It is valid to apply these yoga therapy of the research work titled " A study to evaluate the effectiveness of Benson's relaxation therapy on reduction of pain and stress among post cesarean mothers at selected hospital Pudukkottai".

The Centre
Vellara M V K.M Trust
Pudukkottai

ANNEXURE H

CERTIFICATION OF VALIDATION

This is to certify that the tool developed by Ms. Bommi. K, II Year M.Sc Nursing, student of Karpaga Vinayaga college of nursing, pudukkottai (affiliated to Dr.M.G.R. medical university) is validated by the undersigned, can proceed with this tool and conduct the main study for dissertation entitled **"A Study to Evaluate the Effectiveness of Benson's Relaxation Therapy on Reduction of Pain and Stress among Post Caesarean Mothers admitted at selected, Pudukkottai".**

Signature:

Name:

Designation:

Seal:

CERTIFICATE OF VALIDITY

This is to certify that the structured questionnaire schedule on "A study to evaluate the effectiveness of Benson's relaxation therapy on reduction of pain and stress among post caesarean mothers admitted in selected hospital at Pudukkottai." has been validated and found appropriate with mentioned suggestion.

Signature :

Name :

Designation :

Name of the Hospital :

CERTIFICATE OF VALIDITY

This is to certify that the structured questionnaire schedule on "A study to evaluate the effectiveness of Benson's relaxation therapy on reduction of pain and stress among post caesarean mothers admitted in selected hospital at Pudukkottai." has been validated and found appropriate with mentioned suggestion.

Signature : *(signature)*

Name : IRENE LIGHT.

Designation : principal

Name of the college :

I have written down the suggestions.

(signature)
7/11/15

PRINCIPAL
Dr. S. SAKUNTHALA COLLEGE OF NURSING
TIRUCHIRAPALLI-620 101

CERTIFICATE OF VALIDITY

This is to certify that the structured questionnaire schedule on "A study to evaluate the effectiveness of Benson's relaxation therapy on reduction of pain and stress among post caesarean mothers admitted in selected hospital at Pudukkottai." has been validated and found appropriate with mentioned suggestion.

Signature   : _(signature)_

Name   : THERESE P

Designation   : PRINCIPAL

Name of the college   :
          PRINCIPAL
          KEERRAI THAMIL SELVAN
          COLLEGE OF NURSING
          TS Nagar, Sathiyamangalam (Post
          Pudukkottai (Dist)-622501

CERTIFICATE OF VALIDITY

This is to certify that the structured questionnaire schedule on "A study to evaluate the effectiveness of Benson's relaxation therapy on reduction of pain and stress among post caesarean mothers admitted in selected hospital at Pudukkottai." has been validated and found appropriate with mentioned suggestion.

Signature :

Name :

Prof. S.REETA JEBAKUMARI, M.Sc.,(N)
M.O.D. OBSTETRICS AND GYNAECOLOGICAL NURSING
SACRED HEART NURSING COLLEGE,
DUR

Designation :

Name of the college :

(Prof. S.REETA JEBAKUMARI, M.Sc.,(N)
M.O.D. OBSTETRICS AND GYNAECOLOGICAL NURSING
SACRED HEART NURSING COLLEGE,
MADURAI - 20.

CERTIFICATE OF VALIDITY

This is to certify that the structured questionnaire schedule on "A study to evaluate the effectiveness of Benson's relaxation therapy on reduction of pain and stress among post caesarean mothers admitted in selected hospital at Pudukkottai." has been validated and found appropriate with mentioned suggestion.

Signature :

Name : Mrs. JAYASANKARI-S.

Designation : Addl. Vice Dean
Prof & HoD. OBG Nursing.
Pondicherry Institute of Medical Sciences.

Name of the Principal :

CERTIFICATE OF VALIDITY

This is to certify that the structured questionnaire schedule on "A study to evaluate the effectiveness of Benson's relaxation therapy on reduction of pain and stress among post caesarean mothers admitted in selected hospital at Pudukkottai." has been validated and found appropriate with mentioned suggestion.

Signature : D. Ae

Name : D. ARULMOZHI

Designation : Principal

Name of the college : Doctor's College of
Nursing
Thanjavur Main Road
Pudhukkottai.

CERTIFICATE OF VALIDITY

This is to certify that the structured questionnaire schedule on "A study to evaluate the effectiveness of Benson's relaxation therapy on reduction of pain and stress among post caesarean mothers admitted in selected hospital at Pudukkottai." has been validated and found appropriate with mentioned suggestion.

Signature : J. Sharan Sophia

Name : J. SHARAN SOPHIA.

Designation : VICE - PRINCIPAL.

Name of the Principal : MRS. VANNITHA INNOCENT RANI.

CERTIFICATE OF VALIDITY

This is to certify that the structured questionnaire schedule on "A study to evaluate the effectiveness of Benson's relaxation therapy on reduction of pain and stress among post caesarean mothers admitted in selected hospital at Pudukkottai." has been validated and found appropriate with mentioned suggestion.

Signature :

Name : Dr. M. RABERT

Designation : Additional Statistical Investigator. Collectorate, Trichy.

Name of the Principal :

ANNEXURE J

LIST OF EXPERTS FOR CONTENT VALIDITY

1. **Mrs. Irene Light Christopher, M.Sc.(N).,Ph.D**
   Principal
   Dr. G. Sakunthala College Of Nursing
   Trichy.

2. **Mrs. Reeta Jebakumari, M.Sc. (N)**
   Prof, H.O.D., OBG Nursing
   Sacred Heart Nursing College
   Madurai.

3. **Mrs. Therese.., M.Sc.(N)., Ph.D**
   Principal
   Keerai Thamil Selvan College Of Nursing
   Pudukkottai.

4. **Mrs. Jayasankari.S, M.Sc.(N)**
   Addl. Vice Dean
   Prof. HOD of OBG Nursing
   Pandichery Institude Of Medical Science.

5. **Mrs. D. Arulmozhi,M.Sc. (N)**
   Principal
   Doctor's college of Nursing
   Pudukkottai.

6. **Mrs. Sharan Sophia, M.Sc.(N)**
   Associate Professor
   Dept Of OBG Nursing
   Our Lady College Of Nursing
   Thanjavur.

7. **Mrs. C. Radha, M.Sc (N)**
   Prof, HOD of OBG Nursing
   Karpaga Vinayaga College Of Nursing
   Pudukkottai.

APPENDIX I

CERTIFICATE FOR EDITING

Certificate that the dissertation paper titled " A study to evaluate the effectiveness of Benson's relaxation therapy on reduction of pain and stress among post caesarean mothers at selected hospital, Pudukkottai" by Ms. Bommi.K. It has been checked for accuracy and correctness of English language and Tamil language used in presenting the paper is lucid, unambiguous free of grammatical and spelling errors and is apt for the purpose.

Signature:

R. GOPALA KANNAN, M.A. B. Ed.,
GRADUATE TEACHER (ENGLISH)
GOVT. HIGH SCHOOL
MELUR - 622 501

APPENDIX J

PROCEDURE

BENSON'S RELAXATION THERAPY

INTRODUCTION

The term, "Relaxation" response was coined by Dr. Herbert Benson, Professor, author, cardiologist and founder of Hardvard's Mind/ Body Medical Institute. The response is defined as your personal ability to encourage your body to release chemical and brain signal that make your muscles and organs slow down and increase blood flow to the brain.

The relaxation therapy are often employed as one element of a wider stress management program and can decrease muscle tension, lower the blood pressure and slow heart and breath rates, among other health benefits.

DEFINITION

The "relaxation response", is a physical state of deep rest that changes the physical and emotional responses to stress and the opposite of the **"flight or fight".**

BENEFITS

➢ Regular practice of the relaxation is an effective treatment for wide range of stress related disorders.

➢ It helps to reduce anxiety.

➢ It helps relieves from acute and chronic pain.

➢ It promotes sleep.

➢ It helps to maintain blood pressure.

PREPARATION FOR BENSON'S RELAXATION THERAPY

1. Explain the steps of procedure to the patients/ mothers.

2. Ensure the co-operation – Get consent.

3. Prepare the environment should be quite and calm.

STEPS OF PROCEDURE

❖ Sit quietly in a comfortable position.

❖ Close your eyes.

❖ Deeply relax all your muscles, beginning at your feet and progressing upto your face, keep them relaxed **(relax your tongue and thoughts will cease).**

❖ Breathe through your nose and become aware of your breathing. As you breathe out, say the the word **"one",** silently to yourself **(** breathe easily and naturally**).**

❖ Continue breathing for 10 to 20 minutes. You may open your eyes to check the time, but do not use an alarm. When you finish, sit quietly for several minutes at first with your eyes closed and later with your eyes opened. Do not stand up for a few minutes.

❖ Do not worry about whether you are successful in achieving a deep level of relaxation. Maintain a positive attitude and permit relaxation to occur at its own pace. When distracting thoughts occur, try to ignore them not dwelling upon them and return to repeating "one".

❖ With practice the response should come with little effort. Practice the technique once or twice daily but not within two hours after any meal,

since the digestive process seem to interfere with the elicitation of the relaxation response.

NOTE:

- The best time to practice the relaxation response is first thing in the morning for ten to twenty minutes. Practicing just once or twice daily can be enough to counter act the stress response and bring about deep relaxation and inner peace.

- Choose any soothing, mellifluous sounding word, preferably with no meaning or association in order to avoid stimulation of unnecessary thoughts.

APPENDIX K